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STATE OF NEW YORK

Nineteenth Annual Report

OF THE

MANAGERS AND OFFICERS

OF THE

Craig Colony for Epileptics

AT

Sonyea, Livingston County, N. Y.

TRANSMITTED TO THE LEGISLATURE JANUARY 6, 1913

ALBANY
J. B. LYON COMPANY, PRINTERS
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STATE OF NEW YORK

No. 5.

IN SENATE

JANUARY 6, 1913.

NINETEENTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS OF THE CRAIG
COLONY FOR EPILEPTICS, SONYEA,
LIVINGSTON COUNTY,
NEW YORK.

JANUARY 2, 1913.

To the Legislature:

By direction of the Board of Managers, I have the honor to transmit herewith to the Legislature the Nineteenth Annual Report of the Craig Colony for Epileptics.

PERCY L. LANG,
President of Board of Managers.

GENERAL INFORMATION.

The Craig Colony for Epileptics is located at Sonyea in Livingston County, New York State, seventy miles southeast from Buffalo and forty miles south from Rochester.

The Craig Colony was named in honor of the late Oscar Craig, of Rochester, N. Y. It was founded in 1894 and the first patient admitted in January, 1896.

From New York and Buffalo, it is reached over the Lackawanna railroad to Mt. Morris, thence by conveyance or train to the Colony. From Rochester over the Pennsylvania and Erie. From Olean over the Pennsylvania railroad. The Pennsylvania and Erie railroads have stations on the Colony premises.

Adams Express, Western Union and Postal Telegraph offices on the premises. Long distance Bell and Independent telephones.

Visitors to patients are admitted Wednesdays and Saturdays from 10 to 11:30 A. M. and 2 to 4 P. M. Sick patients may be visited at any time the physician in charge of such patient gives permission to that effect.

Total acreage of grounds	1889.86 acres
Acreage under cultivation	624. acres

In case any patient becomes ill, the friends or relatives of such patient are notified as soon as is possible by telegram, telephone or letter. All inquiries about patients are promptly answered. The Colony cannot undertake to write voluntarily concerning a patient who is not ill. It writes only in answer to inquiries.

Address all inquiries regarding patients to the Medical Superintendent. Give your full name and address and the patient's full name each time you write.

Relatives and friends of patients should give prompt notice of any change in their address. This is requested in order that they may be reached without delay if necessary.



Looking toward Spratling Hall from Standpipe.

THE ADMISSION OF PATIENTS.

The Requirements for Eligibility.

To be admitted to the Craig Colony for Epileptics, the patient must be a legal resident of New York State. All patients are admitted on the same basis as indigents. Once here, their financial standing is inquired into by the Colony's agent and if it is found that the patient can reimburse the State in whole or in part, the patient must do so.

Admissions are regulated in accordance with the law which provides that equal favor be shown every county in the State. The waiting list is always large. Epileptics of all ages are received. The first step to secure a patient's admission is to consult the Superintendent of the Poor or the Commissioner of Charities in the county or city in which the patient lives. This officer has the necessary application papers which must be filled out in every instance.

No person suffering from epilepsy should enter Craig Colony as a matter of experiment. None should come here with a view of spending a few weeks or a few months only. Epilepsy is the most intractable of all diseases, and if a person suffering from it begins to show improvement under two or three years, he has every reason to feel encouraged.

Leaves of absence are always injurious to patients, and are systematically discouraged in every instance.

BOARD OF MANAGERS.

Dr. FREDERICK PETERSON.....	New York City
Mr. PERCY L. LANG.....	Waverly, N. Y.
Mr. DANIEL B. MURPHY.....	Rochester, N. Y.
Mrs. JEANETTE R. HAWKINS.....	Malone, N. Y.
Mr. ABBOT LOW DOW.....	Brooklyn, N. Y.
Dr. GEORGE E. GORHAM.....	Albany, N. Y.
Mr. BARNEY S. BEUERLEIN.....	Mt. Morris, N. Y.

OFFICERS OF THE BOARD.

1912-1913.

Mr. PERCY L. LANG.....	President
Mr. ABBOT LOW DOW.....	Vice President
Mr. BARNEY S. BEUERLEIN.....	Secretary
Mr. JOHN F. CONNOR.....	Agent and Treasurer

COMMITTEES.

1912-1913.

Executive.

Mr. DANIEL B. MURPHY, *Chairman.*

Mr. PERCY L. LANG.

Mr. BARNEY S. BEUERLEIN.

Auditing.

Mr. DANIEL B. MURPHY, *Chairman.*

Mr. BARNEY S. BEUERLEIN.

Mr. PERCY L. LANG.

RESIDENT OFFICERS.

WILLIAM T. SHANAHAN, M. D.....	Medical Superintendent
G. KIRBY COLLIER, M. D.....	First Assistant Physician
WILLIAM N. TRADER, M. D.....	Second Assistant Physician
BARTON F. ANDREWS, M. D.....	Third Assistant Physician
JAMES F. MUNSON, M. D.....	Pathologist
NANCY B. CRAIGHEAD, M. D.....	Woman Physician
PAUL E. BETOWSKI, M. D.....	Junior Assistant Physician
ELIAS FISCHBEIN, M. D.....	Junior Assistant Physician
GLENN J. DOOLITTLE.....	Medical Interne
TRUMAN L. STONE.....	Steward
Mrs. R. E. DORAN, R. N.....	Superintendent of Nurses
Miss IDA E. WRIGHT, R. N.....	Matron
W. H. BEACH, D. D. S.....	Dentist

Resident Chaplains.

REV. WALTER B. MCCARTHY.....	Roman Catholic
REV. J. R. JEFFREY.....	Protestant

Visiting.

REV. DR. A. BLUM.....	Jewish Chaplain
A. G. BENNETT, M. D.....	Ophthalmologist
WILLIAM B. JONES, M. D.....	Consulting Surgeon
LEE W. WHITNEY, M. D.....	Orthopedic Surgeon
EDWARD A. SHARP, M. D.....	Neurologist
EDWARD L. HANES, M. D.....	Neurologist

Administrative Assistants.

WILLIAM C. COOPER.....	Bookkeeper
FRED W. HITCHCOCK.....	Bookkeeper
HARRY R. PORTER.....	Storekeeper
Miss FRANCES CALLAHAN.....	Stenographer
Mrs. SARA MOSELEY.....	Stenographer
C. M. SEIFERT.....	Druggist
Miss MARY CASTLE.....	Stenographer

MISS MARIETTA HITCHCOCK.....	Teacher
Mrs. J. B. METZGER.....	Teacher
Miss E. L. LONGCOR.....	Teacher
Miss J. E. WHALEY.....	Sloyd Instructor
Miss C. B. ROGERS.....	Teacher Arts and Crafts

In Care of Patients.

MISS CATHERINE MURPHY.....	Chief Nurse, Peterson Hospital
F. H. CROFOOT.....	Supervisor, West Group
E. D. RICHMOND.....	Supervisor, East Group
FRANCIS McCONNELL.....	Supervisor, Village Green
Miss MARY CRELLY.....	Supervisor, Women's Group
Miss MABEL EDWARDS.....	Supervisor, Women's Group
Mrs. LENA CROCKER.....	Supervisor, Schuyler Infirmary
EDWARD HALLY.....	Supervisor, Loomis Infirmary

Heads of Departments.

EDWARD M. LOGAN.....	Chief Engineer
ARTHUR J. PORTER.....	Assistant Engineer
JOHN BEGGS.....	Plumber and Steamfitter
CLARENCE McNAUGHTON.....	Carpenter
LEWIS G. LOCKWOOD.....	Painter
J. FRED REBBAN.....	Head Laundryman
L. M. BRAY.....	Dairyman
JOHN COCKLE.....	Farmer
WILLIAM CAMERON.....	Gardener and Florist
A. FRASER.....	Mason
MICHAEL HERR.....	Blacksmith
R. J. GILLETTE.....	Baker
ROBERT WATTS.....	Tailor
JAMES MANNIX.....	Brickmaker
C. J. O'CONNOR.....	Shoemaker
HOMER JUDD.....	Butcher
GEORGE DUFFY.....	Mattressmaker
HARRY MCGRAW.....	Bandmaster

NINETEENTH ANNUAL REPORT OF THE BOARD OF MANAGERS OF THE CRAIG COLONY FOR EPILEPTICS.

To the Legislature of the State of New York:

We have the honor to present herewith the Nineteenth Annual Report of the Craig Colony for Epileptics, for the year ending September 30, 1912:

Capacity and Census.

On October 1, 1911, the census was males 761, females 659, total 1,420. There were admitted during the year 130 males, 97 females. There were discharged, died and transferred 146 males, 83 females, making the census on September 30, 1912, 1,418 — males 745, females 673. To care for such a number has necessitated overcrowding, especially in the infirmaries. The erection of the west wing to the hospital, a reception cottage, cottages for mentally confused and nurses' homes would relieve overcrowding and increase our capacity.

Custodial Power.

We have repeatedly expressed as our opinion that all defectives admitted to State institutions, because their relatives or legal guardians cannot provide suitable care for them in the outside world, should be judicially committed. We again urge that early definite affirmative action on this subject be taken by our legislators.

Homes for Employees.

As mentioned so frequently, our requests for proper accommodations for our nurses, attendants, and certain other employees should promptly receive adequate attention. The long hours and the caring for such a difficult class of patients should at least demand comfortable quarters for our nursing force during their hours for rest and recreation.

Salaries and Wages.

The Board of Managers urgently request that the salaries and wages paid at the Colony be made equal to those paid in the State hospitals for the insane.

The Craig Colony for Epileptics has a character and organization so similar to those of the State hospitals for the insane that it is practically in competition with the State hospitals in securing the services of officers and employees. With a lower schedule at the Colony the result is difficulty in securing and retaining all manner of officers and employees required to carry on the medical and economical administrative work of the Colony.

The Board is also of the opinion that a retirement fund, similar to that recently established for the State hospitals for the insane, should be made applicable to the various state charitable institutions, one of which is the Craig Colony.

Training School.

The Board of Managers feel that in order to properly carry on the humane care of the inmates of the Colony it is very important that a Training School for Nurses of high standing be maintained at the Colony, the graduates of said school to be eligible for promotion to the position of Trained Nurse at such increase of salary as allowed by the Salary Classification Commission.

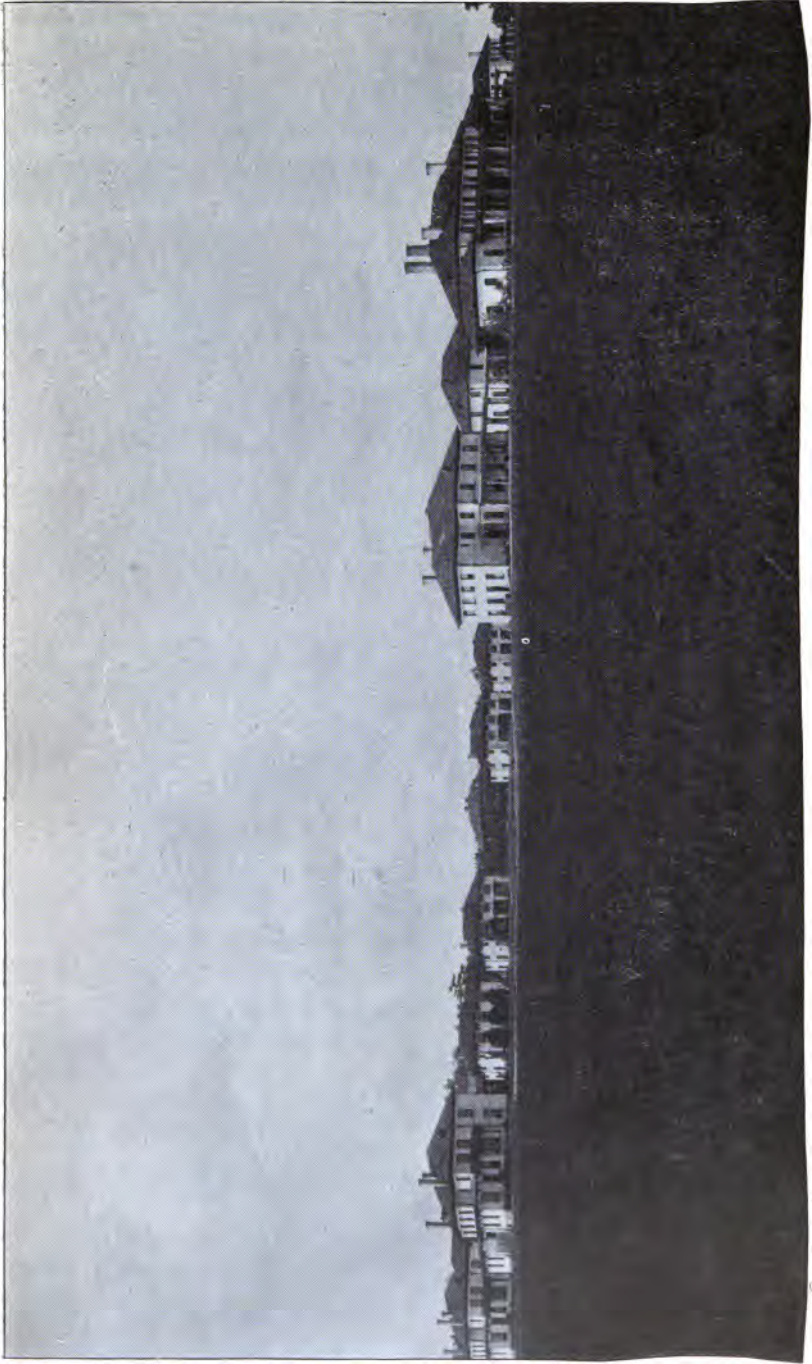
The Board respectfully requests that all State Departments concerned grant the Colony such assistance as may be necessary in the way of buildings and assistants, in the conducting of such a Training School for Nurses.

Improvements and Repairs.

The various improvements and repairs are mentioned in detail in the Medical Superintendent's Report which is made part of this report.

Special Appropriations Required.

We desire to again attract the attention of the legislative and supervisory bodies to our great need of receiving at this time sufficient appropriations to provide such additional structures and improvements as are essential for the attaining of the results for which the Colony was established.



Villa Flora Group. To the left of the center of photograph is site of proposed home for female employees.

Item 1.

West wing to the Peterson Hospital, changes in the operating room, hydrotherapy room, diet kitchen, etc., and two-story iron veranda for rear of same building	\$40,000
--	----------

Item 2.

House for first assistant physician, so as to vacate space in hospital, now taken up by his quarters..	6,000
--	-------

Item 3.

Reception and observation cottage for both sexes..	40,000
--	--------

Item 4.

Two cottages, one for males and the other for females who are temporarily mentally confused..	40,000
---	--------

Item 5.

Employees' home for the Villa Flora Group.....	35,000
--	--------

Item 6.

Employees' home — Men's Group	30,000
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Item 7.

For central power and heating plant, to provide electric power sufficient for the Colony's needs during the entire twenty-four hours and to heat from one plant all the buildings in the Villa Flora, Letchworth and Village Green Groups, Pryor Pavilion, Loomis Infirmary, Industrial Group, etc.	125,000
---	---------

Item 8.

Steel coal trestle with pockets, conveyor, etc.....	15,000
---	--------

Item 9.

Assembly Hall	50,000
-------------------------	--------

Item 10.

Protestant Chapel	40,000
-----------------------------	--------

Item 11.

Addition to laboratory	\$10,000
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Item 12.

Industrial building to be erected north of present laundry building	40,000
--	--------

Item 13.

Repairs and equipment	33,900
-----------------------------	--------

Item 14.

Blacksmith shop	3,000
-----------------------	-------

Item 15.

South Farm Stead Group; dormitory for male pa- tients and employees, barns, sheds, equipment, etc.	30,000
---	--------

Item 16.

To carry out recommendations of State Fire Mar- shall	15,000
--	--------

Item 17.

Placing new filtering material in the sewage dis- posal plant at the Colony	12,000
--	--------

Item 18.

For maintenance for at least 1,450 patients for the fiscal year beginning Oct. 1, 1913.....	295,000
--	---------

Total	\$859,000
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Respectfully submitted,

PERCY L. LANG,
GEO. E. GORHAM,
FREDERICK PETERSON,
ABBOT LOW DOW,
DANIEL B. MURPHY,
BARNEY S. BEUERLEIN.

Sonyea, N. Y., October 8, 1912.

REPORT OF TREASURER.

To the Board of Managers of Craig Colony for Epileptics:

The treasurer of Craig Colony for Epileptics respectfully submits the following annual report for the year ending September 30, 1912:

GENERAL FUND — MAINTENANCE.

Receipts.

1911.

Oct. 1.	Balance in treasurer's hands.....	\$5,718 86
	From Comptroller, chap. 512, Laws	
	1910	4,500 00
	From Comptroller, chap. 513, Laws	
	1910	30,000 00
	From Comptroller, chap. 810, Laws	
	1911	204,797 52
	From Comptroller, chap. 811, Laws	
	1911	21,000 00
	From Comptroller, chap. 547, Laws	
	1912	7,771 84
	From clothing	21,864 71
	From reimbursing patients	6,911 29
	From miscellaneous earnings	816 16
	From refunds	117 26
		\$303,497 64

Disbursements.

Disbursements, less re-
funds \$272,615 35

Disbursements, including
refunds \$272,732 61

Disbursed to State Treas-
urer, as per section 37,
chapter 580, Laws 1899. 29,592 16

Balance treasurer's hands.. 1,172 87

\$303,497 64

Stone Roadway:

Chap. 811, Laws 1911.

1911.

Oct. 1.	Balance Comptroller's hands.....	\$1,036 92
	Received from Comptroller	
	and disbursed	\$951 71
	Balance Comptroller's hands	85 21
		<hr/>
		1,036 92
		<hr/> <hr/>

Highway Across Estate:

Chap. 513, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands	\$99 43
	Received from Comptroller	
	and disbursed	\$94 50
	Lapsed	4 93
		<hr/>
		99 43
		<hr/> <hr/>

Two Buildings for Tubercular Patients:

Chap. 513, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands	\$17 50
	Received from Comptroller	
	and disbursed	\$9 32
	Lapsed	8 18
		<hr/>
		17 50
		<hr/> <hr/>

Construction of Roads:

Chap. 811, Laws 1911.

1911.

Oct. 1.	Balance Comptroller's hands	\$409 54
	Received from Comptroller	
	and disbursed	\$319 02
	Balance Comptroller's hands	90 52
		<hr/>
		409 54
		<hr/> <hr/>



Ward of John H. Pryor Pavilion for tuberculous male patients. The Margaret Olivia Sage Pavilion is a similar structure for females.

Two Tubercular Buildings:

Chap. 811, Laws 1911.

1911.

Oct. 1.	Balance Comptroller's hands	\$73 91
	Received from Comptroller	
	and disbursed	\$69 85
	Balance Comptroller's hands	4 06
		<hr/>
		73 91
		<hr/> <hr/>

New Filter Material:

Chap. 811, Laws 1911.

1911.

Oct. 1.	Balance Comptroller's hands	\$508 50
	Received from Comptroller	
	and disbursed	\$508 50
		<hr/>
		508 50
		<hr/> <hr/>

Furnishing Tubercular Pavilions:

Chap. 508, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands	\$1 00
	Lapsed	\$1 00
		<hr/>
		1 00
		<hr/> <hr/>

Repairs and Equipment:

Chap. 508, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands.....	\$74 44
	Received from Comptroller	
	and disbursed	\$53 55
	Lapsed	20 89
		<hr/>
		74 44
		<hr/> <hr/>

Changing Grates:

Chap. 513, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands	\$309 00
	Received from Comptroller	
	and disbursed	\$30 00
	Reappropriated by chapter	
	547, Laws 1912.....	279 00
		<hr/>
		309 00
		<hr/> <hr/>

Changing Grates:

Reappropriated from Chap. 513, Laws 1910 by Chap. 547, Laws 1912.

1911.

Oct. 1.	Balance reappropriated	\$279 00
	Received from Comptroller	
	and disbursed	\$262 38
	Balance Comptroller's hands	16 62
		<hr/>
		279 00
		<hr/> <hr/>

Alterations to Sewage Disposal Plant:

Chap. 508, Laws 1910.

1911.

Oct. 1.	Balance Comptroller's hands	\$3,075 02
	Reappropriated by chapter	
	547, Laws 1912	\$3,075 02
		<hr/>
		3,075 02
		<hr/> <hr/>

Alterations to Sewage Disposal Plant:

Reappropriated from Chap. 508, Laws 1910 by Chap. 547, Laws 1912.

1911.

Oct. 1.	Balance reappropriated	\$3,075 02
	Received from Comptroller	
	and disbursed	\$3,075 02
		<hr/>
		\$3,075 02
		<hr/> <hr/>



Part of porch of John H. Pryor Pavilion for tuberculous male patients.

Dormitory West Group:

Chap. 508, Laws 1910.

1911.

Oct. 1. Balance Comptroller's hands.....	\$39,856 80
Re-appropriated by chapter	
547, Laws 1912.....	\$39,856 80
	<hr/>
	39,856 80
	<hr/> <hr/>

Dormitory West Group:

Reappropriated from Chap. 508, Laws 1910 by Chap. 547, Laws 1912.

1911.

Oct. 1. Balance reappropriated	\$39,856 80
Received from Comptroller	
and disbursed	\$12,584 40
Balance Comptroller's hands	27,272 40
	<hr/>
	39,856 80
	<hr/> <hr/>

Repairs and Equipment:

Chap. 822, Laws 1911.

1911. .

Oct. 1. Balance Comptroller's hands.....	\$12,510 10
Received from Comptroller	
and disbursed	\$12,318 70
Balance Comptroller's hands	191 40
	<hr/>
	12,510 10
	<hr/> <hr/>

Sewage Disposal:

Chap. 822, Laws 1911.

1911.

Oct. 1. Appropriation	\$2,000 00
Received from Comptroller	
and disbursed	\$1,994 20
Balance Comptroller's hands	5 80
	<hr/>
	2,000 00
	<hr/> <hr/>

Additional Furnishing:

Chap. 530, Laws 1912.

1911.

Oct. 1.	Appropriation	\$375 00
	Received from Comptroller	
	and disbursed	\$326 47
	Balance Comptroller's hands	48 53
		<hr/>
		375 00
		<hr/> <hr/>

Additional Industrial Equipment:

Chap. 530, Laws 1912.

1911.

Oct. 1.	Appropriation	\$500 00
	Received from Comptroller	
	and disbursed	\$68 83
	Balance Comptroller's hands	431 17
		<hr/>
		500 00
		<hr/> <hr/>

Brick Conduit:

Chap. 530, Laws 1912.

1911.

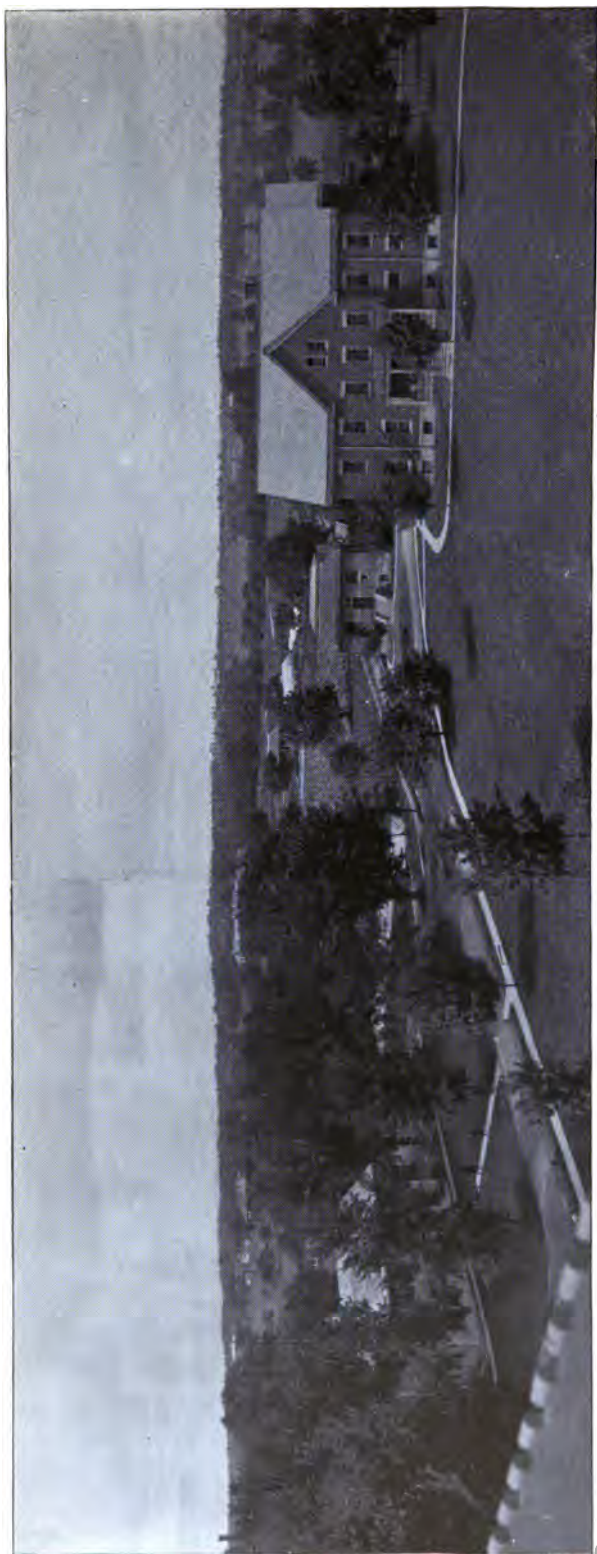
Oct. 1.	Appropriation	\$550 00
	Received from Comptroller	
	and disbursed	\$312 85
	Balance Comptroller's hands	237 15
		<hr/>
		550 00
		<hr/> <hr/>

Porches Eight Employees' Cottages:

Chap. 530, Laws 1912.

1911.

Oct. 1.	Appropriation	\$1,200 00
	Received from Comptroller	
	and disbursed	\$1,059 23
	Balance Comptroller's hands	140 77
		<hr/>
		1,200 00
		<hr/> <hr/>



Looking toward West Group from Spratling Hall. Peterson Hospital and Laboratory, with garden in background.

Screens:

Chap. 530, Laws 1912.

1911.

Oct. 1.	Appropriation	\$700 00
	Received from Comptroller	
	and disbursed	\$484 47
	Balance Comptroller's hands	215 53
		<hr/>
		700 00
		<hr/> <hr/>

Brick School:

Chap. 822, Laws 1911.

1911.

Oct. 1.	Appropriation	\$25,000 00
	Received from Comptroller	
	and disbursed	\$3,510 00
	Balance Comptroller's hands	21,490 00
		<hr/>
		25,000 00
		<hr/> <hr/>

Improving Colony Roads:

Chap. 530, Laws 1912.

1911.

Oct. 1.	Appropriation	\$2,000 00
	Received from Comptroller	
	and disbursed	\$151 55
	Balance Comptroller's hands	1,848 45
		<hr/>
		2,000 00
		<hr/> <hr/>

All of which is respectfully submitted.

JOHN F. CONNOR,

Treasurer, Craig Colony for Epileptics.

We hereby certify that we have examined the foregoing Treasurer's Report for the year ending September 30th, 1912, have compared the same with the Treasurer's books and vouchers and with the Superintendent's books and report, and we believe the same to be correct.

DANIEL B. MURPHY,
 BARNEY S. BEUERLEIN,
 PERCY L. LANG,

Auditing Committee.

REPORT OF THE MEDICAL SUPERINTENDENT.

SONYEA, N. Y., October 8, 1912.

To the Board of Managers of the Craig Colony for Epileptics:

The annual report of the Medical Superintendent for the fiscal year ending September 30, 1912, is submitted herewith:

Present Capacity and Census.

The two infirmaries and certain cottages occupied by patients continue greatly overcrowded as we lack sufficient space for the proper classification of our patients. Many of our employees, especially attendants, are without suitable quarters. These conditions make it exceedingly difficult to further the purposes for which the Colony was established. Early relief in these respects should be afforded.

The application for the admission of patients to the Colony has continued as great as in former years. Will Letchworth Village ever admit any number of epileptics? The demand for the care of the feeble-minded, who are not epileptic will probably be so great that the Craig Colony will be relieved to only a small extent, if at all. At any rate it will be many years before the Colony will be appreciably relieved.

The original plans for the Craig Colony proposed to develop the Institution until ultimately 1,800 or 2,000 patients would be cared for. As the years went on, an effort was made to provide dormitory accommodations as rapidly as possible without making too great a demand for some other important essentials. The centralization of the heating; the providing of proper quarters for those employed in the direct charge of patients; the erection of a Protestant Chapel; the building of a large assembly hall, reception cottages, cottages for temporarily disturbed patients, etc., are some of these deferred essentials which must be provided soon to enable us to properly care for our patients. The accommodations for the more defective types of epileptics are entirely inadequate.

If these types are to continue to be admitted there should be erected simple one story structures of ample size. The present infirmaries are not at all suited for the purpose for which they are used. The Village Green Group for males should be enlarged and the Letchworth House should be abandoned for patients.

Another dormitory or possibly two similar to the new Six Nations Dormitory, now being constructed, should be erected immediately adjacent to that structure. In the same group should be built a cottage with a dining room and kitchen on the first floor and employees' quarters on the second floor. The present Letchworth House might possibly be remodeled for an employees' building by reducing its height and rearranging the interior.

Legal Commitment of Epileptics.

It is a well established fact that the mental condition of a large proportion of epileptics is such that they are as much, if not more of a menace to the community than the average insane person. The sudden outbursts of irritability, the automatic states following certain seizures, the morbid religious trend as well as other phenomena preclude the possibility of the majority of epileptics being able to accommodate themselves normally to the environment of the outside world. For their own protection and the protection of the public the great majority of epileptics should, if possible, be at all times under close and careful supervision.

Those epileptics who cannot be given such supervision in their own homes should, it goes without saying, be placed in institutions provided for the special care of individuals of their kind. In other words, the mentally incompetent epileptic should be judicially committed to the special institution to be kept there for an indefinite period. Of fundamental importance in the prevention of defectiveness and degeneracy in the human race is the proper enforcement of strict custodial care of the manifestly defective individuals, this custodial care to be a true segregation and not a mere farcical attempt at the same. The oft repeated expression of getting to the source of the trouble to apply the remedy must be grasped by New York State and the country at large if anything is to be accomplished in the direction of prevention.

Much more might be said relative to this whole proposition but I desire to again call to your attention the fact that, under the existing laws, we are powerless to detain at the Colony any person now here or hereafter admitted.

It would seem a matter of urgent necessity that a specific measure be enacted, after due deliberation, so that definite custodial power may be had over all mentally incompetent epileptics. I am sure that if an active concerted action, relative to this whole question be taken by the State Board of Charities, the superintendents of the poor of the various counties and the commissioners of charities of the various cities, by the several New York State institutions for the feeble-minded and epileptic and by the private charitable organizations interested in such defectives that there would result in this State a demand that such a law be enacted and enforced. New York by taking such a step would place herself in the front rank in attempting to solve this exceedingly important problem.

I would ask that the Board again express themselves as realizing the importance of this matter and the urgent necessity of bringing about as soon as possible the enactment of laws giving to the institutions adequate custodial power over all these persons referred to.

If I may be permitted I will further suggest that steps be taken toward having, previous to the next meeting of the Legislature, a conference of the boards and organizations just referred to with the view in mind of carefully outlining and then pursuing persistently a campaign to secure the enactment and enforcement of the measures desired.

For twelve years the Colony has been endeavoring to bring about the enactment of such laws as would give it certain custodial power over the mentally defective epileptic. Under the present laws, as before mentioned, a patient can be admitted one day and on the following day either leave himself or be taken away by his relatives without the Institution being permitted to interfere in any manner although it is manifest to all concerned that the patient is in no condition to live in the outside world. It would seem to me that without any great difficulty a law could be placed on the statute books of the State to the

effect that every person desiring to be considered for admission to the Craig Colony would have his mental and physical condition passed upon by duly qualified medical examiners the same as is done in the case of an alleged insane person.

After this examination had been made the applicant would appear before a judge of a court of record, who would determine as to whether the applicant was mentally competent or not. If mentally incompetent such individual should be legally committed to the Colony and kept there for an indefinite period.

The Colony should at all times have the right to admit as voluntary patients such applicants as were able, because of their normal state to properly understand the conditions under which they were sent to the Institution. Such patients would be permitted to leave the Colony after giving a few days' notice in writing of their intention to do so.

Population and Expenditures for the Year Ending September 30, 1912.

	Male	Female	Total
Number patients under date October 1, 1911	761	659	1,420
Number patients admitted during fiscal year 1911-1912.....	130	97	227
Number patients discharged or died during year	146	83	229
Number patients under date September 30, 1912	745	673	1,418
Daily average attendance during fiscal year.....		1,433.65	
Average number of officers and employees during year			225
Ratio of all employees to patients.....		1 to 6.1	

Expenditures.

Salaries and wages	\$105,836 58
Provisions	78,524 68
Other expenses	88,254 09
Total	<u><u>\$272,615 35</u></u>

Per Capita Cost.

Daily average population	1,433 65
Gross with home product	\$212 92
Gross without home product but with receipts turned into State Treasury.....	190 16
Net per capita cost.....	175 79

Changes in Population.

The highest daily census during the year was 1,456.

The lowest daily census during the year was 1,407.

During the year ending September 30, 1912, there were discharged as follows:

Recovered	4
Improved	33
Unimproved	52
Died	136
Insane	4
Total	229

The number of deaths 136, making a percentage of 8.25 on the whole number under treatment, was moderately high, but the increase was due largely to the typhoid fever deaths and to those of terminal cases.

A male patient while mentally confused climbed, by means of a fire escape, to the roof of the Letchworth House, a four-story structure, and either jumped or fell to the ground, a distance of about ninety feet. He was instantly killed.

A male patient, 18 years of age, fatally stabbed a fellow patient with an ordinary penknife.

Since the opening of the Colony on January 27, 1896, there have been admitted 2,139 males and 1,481 females; total, 3,620. During the same period 2,202 have been discharged as follows:

Recovered	53
Improved	480

Unimproved	584
Insane	136
Died	949
<hr/>	
Total	2,202
<hr/>	

Reception Cottages.

As frequently mentioned in earlier reports, proper facilities for receiving patients when admitted to the Colony should be available. Up to the present it has been exceedingly difficult in many instances to keep newly admitted patients under close supervision for a sufficient length of time so as to permit of the proper placing of them in cottages. It would seem advisable that in order to insure the best results that there should be erected in the Administrative Group, in fairly close proximity to the Administration Building and Peterson Hospital, one large cottage to be used as a reception and observation cottage. This building should be arranged so that all patients could be admitted to it. It should have its own kitchen, dining room and the necessary examination rooms and should have the proper equipment for the giving of various baths and for the use of electricity. Living quarters for a physician should be considered in planning this structure. Several small wards and a few single rooms should be available rather than large wards.

In such a structure specially trained nurses in a larger proportion than in the ordinary cottage would be in a position to make observations of the symptoms of the individual patient which would prove exceedingly valuable. In such a cottage we would be enabled to keep all newly admitted patients separated from the rest of the Colony so that the introduction of contagious diseases would be reduced to a minimum.

Care of Mentally Confused Patients.

It has long been apparent that the Colony should have adequate facilities for caring for such of its patients as become mentally confused. Female patients, when such a period comes on,

are necessarily transferred to the Schuyler Infirmary where the conditions are not satisfactory for the proper care of such persons. Male patients are cared for in part in the Letchworth House and in part in a ward in the hospital.

In order that proper care be given patients during these periods we should have available two small separate cottages, one for each sex. These cottages should have a complete equipment for hydrotherapy. When patients are in this condition of mental confusion they are in great need of special medical care and nursing. These cottages should not be occupied by patients of a low mental grade, as such cases should be kept permanently in the infirmary buildings.

Many persons not familiar with the epileptic are of the opinion that at the Colony we have only such epileptics as are normal mentally. It is a well-known fact to those experienced in the care of epileptics that the vast majority of such individuals show some mental impairment, more or less marked, and many are subject, more or less frequently, to periods of mental disturbance.

School Work.

The construction of the west wing and the connecting corridor of the Central School Building is well under way and we hope to be in a position to occupy this building about January 1st, next. It is to be hoped that the coming Legislature will grant an additional appropriation of at least \$20,000 so that the east wing of this building may be erected next summer. The accommodations in the west wing will be entirely inadequate to carry on the school work which we desire. If this new wing was constructed, the amount of space then available would permit of all the school work at the Colony being carried on in this central structure.

The matter of developing the industrial side of this school instruction is to be continued to a more marked extent than in the past. Weaving of rugs and toweling, basketry, clay modeling, sloyd, chaircaning, brushmaking, etc., are now being carried on. We have at present five teachers giving instruction to the pupils in the various schoolrooms.



Boys' School Room.

Training School for Nurses.

A Superintendent of Nurses, Mrs. R. E. Doran, was appointed on May 1, 1912. The reorganization of the Training School has been started and instructions for the year begun. During the earlier part of the year two preliminary classes for attendants were conducted. Lectures were given on epilepsy, hygiene, keeping of clinical records, observation of symptoms, dressing of wounds, contagious diseases and other subjects with which attendants should be familiar. The members of the training school proper are required to take an entrance examination and after a two year's course satisfactorily completed it is expected that the graduates will be eligible for promotion to the position of trained nurse.

Special stress will be laid on the practical instruction to be given the pupil nurses with a sufficient number of lectures to permit of the proper understanding of the work which is expected of the members of the school. It is to be hoped that the Colony will receive the active assistance of the various State Departments concerned so that the work of the school may be properly developed and the nursing placed on a high plane. Of fundamental importance in the care of our patients is the matter of having available at all times an adequate force of well-trained nurses.

Homes for Employees Other Than Married Employees Living in Separate Cottages.

The Colony is badly handicapped, owing to the lack of proper accommodations for the greater number of its nurses and attendants as well as certain other employees. The nurses and attendants, especially those who are employed in the two infirmaries should, when off duty, have proper accommodations entirely separate and distinct from the cottages where patients reside. The class of patients for which they must care and the long hours of duty should demand that they at least, when off duty, be separated from the environment in which they are placed when on duty. The greater part of the difficulty that we have had for some time in obtaining employees is due no doubt to the fact that proper accommodations are not available.

In the Women's Group employees are now occupying several cottages intended for patients. These cottages are not properly arranged for employees and should, at an early date, be vacated so that they may be once more used for patients. The new home for employees, especially nurses and attendants, if erected in the Women's Group would permit an increase in the capacity of that group of over seventy beds.

In the Men's Group I would suggest that serious consideration be given to the building of one or two dormitories of modern type of construction in which the patients now residing in the Letchworth House could live. Then, by certain remodeling, e. g., the removing of the 4th floor and the changing of the roof line, this structure might be made into a very acceptable home for some of the employees in the men's group.

Pension System; Shortage of Employees.

The pension system recently enacted for employees in the State Hospitals for the Insane should be extended to the employees of the various State charitable institutions, among which would be included the Craig Colony for Epileptics. The salaries and wages paid to the officers and employees in the various State Institutions should be the same for like services. It is an injustice to pay higher salaries in one class of institutions than in another when the work expected in both types is the same. Such a discrimination makes it exceedingly difficult for an isolated institution with a lower rate of salaries and wages to obtain desirable employees, in fact obtain any employees.

During the past year we have had at all times a considerable number of vacancies among the nursing force. During the winter months the number averaged from 15 to 20, during the summer months from 30 to 40. Under any circumstances it is difficult to keep up the work of an institution of this type but with such a dearth of employees, especially those in the direct charge of patients, it becomes almost impossible to accomplish even a part of what the institution was established for.

To those who have given the matter serious consideration it seems quite apparent that the means of relief which are of utmost importance are those above mentioned, the principal of which is the affording of proper living accommodations for all concerned

but especially for the nursing force. It is to be hoped that the Legislature which convenes in January, 1913, will approve of the necessary appropriations to afford early relief of this situation.

Laboratory.

The State Board of Charities has repeatedly called attention to the insufficient provision at the Colony for scientific research mentioning that there should be enlarged laboratory space and accessories so as to enable closer and more thorough detailed examination of the material available. As mentioned by the Resident Pathologist it would seem that a complete autopsy for scientific purposes should be permitted on all indigents. On November 1st, a Junior Assistant Physician is to be assigned for duty in the laboratory to assist the Pathologist thus giving the latter some time for research work.

The Board of Managers of the Colony has made a request for an addition to the Laboratory each year since 1904. I would again urge that this request be once more made in the interest of scientific research.

Contagious and Infectious Diseases.

For some two years past all patients upon admission are kept in separate wards for at least a week. A throat culture is made in every instance so as to ascertain as to the existence of any diphtheria carriers. When such a culture proves positive the patient is isolated until two successive negative cultures are obtained.

Last April a case of typhoid fever developed in the Loomis Infirmary for Males. During the ensuing few weeks twenty-nine cases in all developed, of which many were patients in poor physical condition. The outcome was fatal in ten of the cases. Previous to the outbreak, a patient had been transferred to the Peterson Hospital for special treatment and there developed typhoid fever. All of the officers, employees and patients in the two structures were given two doses of typhoid vaccine without any untoward symptoms resulting. Following the use of the vaccine there occurred but one case of typhoid, a boy who was probably in the early stages of the disease when vaccinated. In him the disease appeared in severe form, resulting in a fatal outcome.

Before these two buildings were released from quarantine a careful examination was made of excreta in order to ascertain as to the existence of a carrier, such investigation revealing that one employee was rather suspicious. Said employee had apparently a clear history of never having even the suggestion of the symptoms of typhoid fever, cholecystitis, etc. The water supply, milk supply, etc., were all carefully investigated and excluded as the causative agents.

In several of our previous reports attention has been called to the fact that epileptics seem prone, in many instances to develop pulmonary tuberculosis. We have at the Colony two special pavilions, the John H. Pryor Pavilion for males and the Margaret Olivia Sage Pavilion for females, each accommodating forty-two patients. The number of our patients who have symptoms of an acute or chronic tuberculosis is so large that these two pavilions have not the necessary capacity to permit of our placing all such patients therein.

So far as space allows we place many of our tubercular patients on the verandas in the cottages in which they reside. I have suggested for several years past that large two story verandas be erected on the south side of the Hospital and Schuyler Infirmary and on the west side of the Loomis Infirmary. These verandas could be constructed at a comparatively small cost and would provide much needed space which could be used for the treatment of sick patients in these buildings, especially those who give any evidence of tuberculosis. A careful physical examination of all patients at the Colony during the summer of 1912 showed that over 13 per cent. presented symptoms, more or less marked, of pulmonary tuberculosis.

Nativity of Patients.

A recent analysis of our records gave the following:

	Males.	Females.
Patients native born, foreign parentage.....	242	227
Patients foreign born	106	87
Patients, nativity unknown	4	9
Patients native born	407	355
(Parents native or nativity unknown.)		
Total	<u>759</u>	<u>678</u>



Spratling Hall, Executive Building, with Hospital and Laboratory in background.

In numerous instances where the nativity of the patient's parents was unknown they were undoubtedly foreign born.

Before an applicant can be considered for admission to the Colony the public officer filing the application must certify that the applicant is a legal resident of the community over which the poor officer has supervision.

Cottages for Children.

With the great number of children at the Colony there should be more small dormitories available for their use. At the present time the Tulip Tree Cottage in the Village Green Group is occupied by over thirty of the boys, the Nasturtium and part of the Orchid in the Women's Group being used for some of the girls.

New Construction.

The work on the new Six Nations Dormitory in the West Group and the new Central School Building is fairly well along. It is hoped that both of these structures will be ready for occupancy on or shortly after January 1, 1913. The site of the new Six Nations Dormitory is such an excellent one that it is hoped that before very long funds will be available for the erection of some dormitories and a service building in close proximity to the new structure. As soon as the new dormitory building is completed the present Six Nations Dormitory, an old frame structure which has long been condemned, will be abandoned and torn down.

Cottage for Female Working Patients.

In the Hospital and Administrative Group there should be provided a small dormitory to be occupied by such female patients as assist with the work in the Hospital and Administration Building. Under the present circumstances it has been necessary to either house the patients in part of the Hospital, thus taking up space properly belonging to the patients needing Hospital care, or to have these patients live in the Women's Group and come to the Hospital and Administration Building daily to perform their duties. This latter plan is fairly satisfactory in the summer time, but during the fall, winter and spring months it is decidedly

unsatisfactory in every respect. The cottage erected for this purpose should be simple in construction and should be built on a site in close proximity to the present Hospital Building.

North Subway of Public Highway.

The north subway on the public highway passing through the Colony premises from Mt. Morris to Dansville is being widened. The old subway was fourteen feet in width whereas the new will be thirty-eight feet. It is unfortunate that this highway was not placed entirely east of the Pennsylvania Railroad track, but it is hoped that the widening of the subway will lessen to a great extent the possibility of any accident occurring to any of our patients who may be passing through this subway in going to or coming from our Farm Stead Group.

Water Supply.

The last Legislature made an appropriation of \$15,000, \$7,000 less than was requested, for the purpose of improving the water supply of the Colony. During the fall of 1911, five test wells were driven in various parts of the Colony to ascertain as to whether it was possible to obtain a new supply of potable water which would be softer than that now in use. These wells were driven under the direction and advice of an engineer connected with the State Conservation Commission. The water obtained from some of these test wells was brackish and in others, although of a fairly good quality, the supply was entirely insufficient to meet our needs.

As a result of these findings the departments who have supervision over these matters recommended that an appropriation of \$22,000 be asked for to install a filtration plant through which our present spring supply might be passed. Plans are now being prepared by the State Architect's Department for the installation of a softening and filtering plant to be erected south of our present power house.

Inasmuch as but \$15,000 was appropriated it will be necessary to secure the balance, \$7,000, before the complete plant with adequate storage facilities can be installed.

Sewage Disposal Plant.

Although the sewage disposal plant at the Colony has had certain alterations made in it during the past year it does not work in an entirely satisfactory manner. After the Plant was recently looked over carefully by the State Architect's Department the Colony has been advised to endeavor to secure an appropriation of \$12,000 in order to place new filtering material in the beds.

The present filtering material consists of coarse gravel with which more or less clay was mixed despite the best care exercised in securing this gravel from the bed of the Kishaqua creek. It is to be hoped that this amount will be made available as the plant should be in proper working order at all times.

Farm Buildings.

A farm stead group erected at the south end of the Colony would enable us to carry on the work at that end of the farm to a great deal more advantage than is possible at the present time. We now have to haul fertilizer about two miles to these fields and in turn haul the crops that distance to our barns. This naturally entails a considerable loss of time. If twenty patients and the necessary number of employees to care for them resided in a farm stead group at this point they could well take care of the land during the summer and work in the forest belonging to the Colony during the winter.

In the barns in connection with this group could be kept the dry stock during the winter and at all times the necessary horses, two or three cows, implements, etc. The manure from this stock would be exceedingly valuable for use on the adjoining land.

Plans for a new barn to replace the old structure northeast of Walrath Cottage are about completed.

An appropriation of \$5,000 to remodel our present cow barn basement is available and plans will be soon prepared so that the work can be begun early in 1913.

Special Appropriations Required for 1913.

The majority of these items have been asked for repeatedly. All are required if the Colony is to be placed in a position where it can accomplish what is expected of it.

- Item 1. West wing of Peterson Hospital, changes in the operating room, hydrotherapy room, diet kitchen, etc., and two story iron veranda for rear of same building.....* \$40,000

The present structure is entirely inadequate to meet our needs in providing hospital care where indicated. With the above mentioned changes and the desired change referred to under Item 2 there would be more beds for hospital cases.

It is the desire of the Colony to have in the hospital sufficient space so that all surgical cases and the great majority of acute medical cases can be placed in the hospital building so that they may receive proper care and attention.

The pupil nurses in the Training School for Nurses are to receive the greater part of their practical instruction in this building.

- Item 2. House for first assistant physician so as to vacate space in hospital, now taken up by his quarters* 6,000

The space thus secured would permit the adding of fifteen beds to the number available for female patients in need of hospital care.

- Item 3. Reception and observation cottages for both sexes* 40,000

This cottage was planned for over sixteen years ago, but the necessary funds for its construction have never been appropriated. New patients should be under very close observation for a considerable period. With such a structure the introduction of communicable diseases would be minimized. This cottage should contain adequate examination rooms, hydrotherapy outfit, etc. This structure should be located in the main Administrative Group, but perhaps not on the exact site originally given on the Olmsted plan.

- Item 4. Two cottages — one for males and the other for females who are temporarily mentally confused* 40,000

This last year we had over 800 cases of mental disturbance, a condition during which the patient requires special care and



Looking East from Spratling Hall. Industrial and Villa Flora Groups, as seen from Spratling Hall.

treatment. Separate one-story cottages with proper equipment of hydrotherapeutic appliances, diet kitchen, etc., should be available.

The infirmaries are not proper structures for patients while in this condition.

Item 5. Employee's Home for the Villa Flora Group. \$35,000

We have been obliged in the Villa Flora group to vacate three cottages, arranged for seventy female patients so as to provide temporarily for sleeping rooms for the employees. These buildings are not suited for employees.

When one considers the long hours of duty and the work demanded of attendants, it is very evident that single rooms in a separate home should be available for the majority of such employees, when relieved from their arduous labors.

Item 6. Employee's home, men's group..... 30,000

At present we are greatly handicapped in housing attendants employed in the Loomis Infirmary, West Group and Letchworth House, structures occupied in the greater part by male patients of lower mental grades. When off duty these employees should have proper quarters away from patients.

The present Letchworth House might be remodeled to answer for this purpose. It is not at all suited for the patients, owing to its height, numerous stairways, improper toilets, etc. Modern dormitory facilities should be provided at West Group for those now at Letchworth House.

Item 7. For central power and heating plant, to provide electric power sufficient for the Colony's needs during the entire twenty-four hours and to heat from one plant all buildings in the Villa Flora, Letchworth and Village Green Groups, Pryor Pavilion, Loomis Infirmary, Industrial Group, etc. 125,000

Nine 100 h. p. boilers, return tubular, with fittings, receiver pumps, etc.; extension to boiler room for nine boilers; 150 k. w. generator and steam turbine direct connected: switchboard; ex-

tension to engine room; mechanical stokers; smoke breeching from boilers to stack; 8,000 feet brick conduit 6 feet by 4 feet; raising Kishaqua bridge; 8,000 feet 4-inch to 8-inch pipe and pipe covering 8,000 feet 4-inch 2-inch return pipe; necessary valves, extension joints and fittings; steam fitters' time and labor for installation.

It has been apparent for many years that an adequate central plant is required for the economical heating of the Colony. The amount of electric current now available is less than half what is needed. There should be ample current available at all hours, not only for lighting, but for motors at pumping station, laundry and the various shops, etc.

Item 8. Steel coal trestle with pockets, conveyer, etc. \$15,000

The old wooden trestle formerly in use is beyond repair and in consequence was condemned last winter, by the Board of Managers and by the Pennsylvania Railroad Company. Since that time we have been greatly handicapped in the unloading of coal. We desire a modern steel trestle and conveyer so as to permit of storing if need be the entire supply of coal required for a year.

Item 9. Assembly hall 50,000

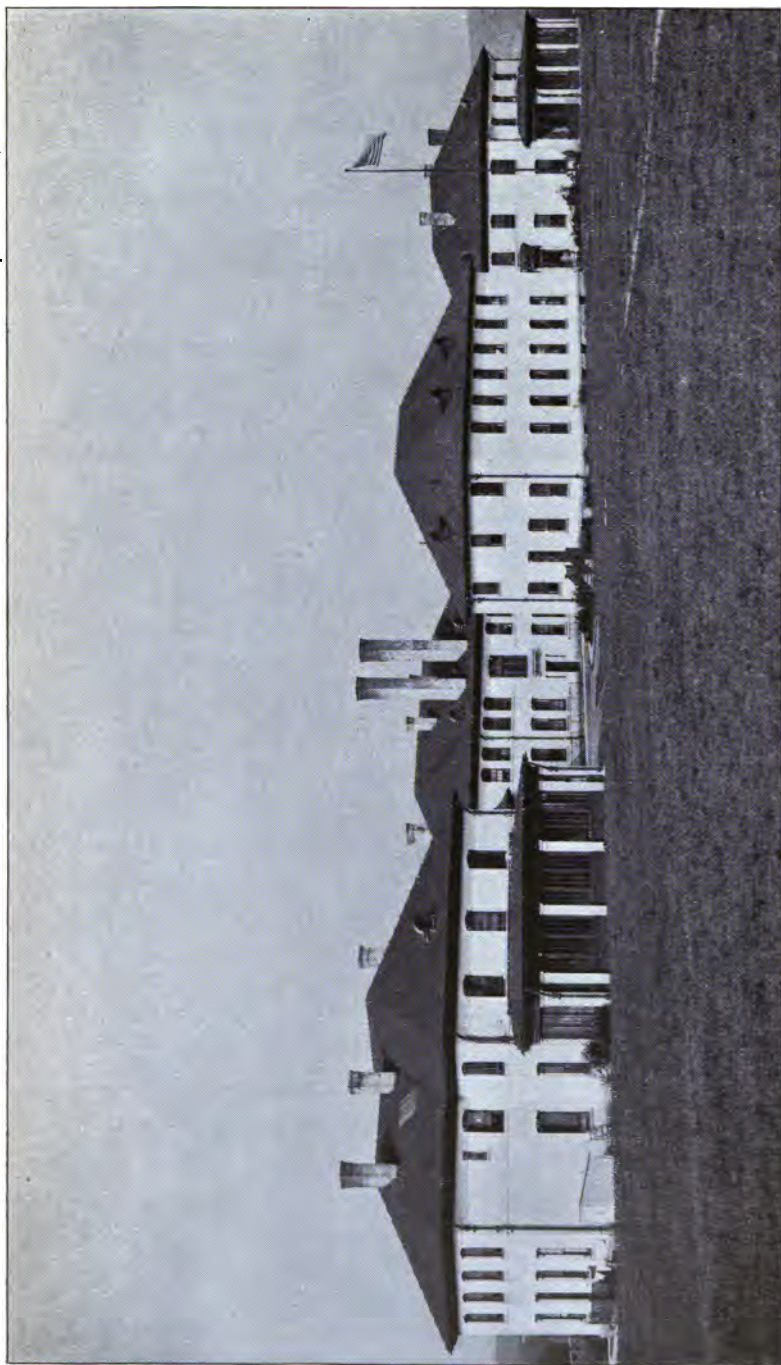
With a resident population of over 1,700 persons, patients and employees, it is very necessary that we have a general assembly hall to be used for lectures, entertainments, gymnasium, dances, etc., for patients and employees.

In an isolated community like the Colony such a structure is essential.

Our present assembly hall, a wooden structure accommodating but 300, is poorly ventilated and entirely too small.

Item 10. Protestant chapel 40,000

With a resident population of one thousand Protestants there should be erected a suitable structure of sufficient capacity to permit of Protestant services being held regularly. The small, poorly ventilated hall now used is entirely inadequate.



Villa Flora, Aster, Bluet and Service Building in Villa Flora Group for female patients. This group of four cottages should some day be considered for a medical and reception centre for female patients.

Item 11. Addition to laboratory..... \$10,000

The present laboratory building is but half large enough for the prosecution of the work of the pathological and research work required at the Colony.

The addition has been asked for repeatedly so as to provide for chemical research, mortuary room, animal room, lavatory, etc.

*Item 12. Industrial building to be erected north of
present laundry building.....* 40,000

At present time our facilities for carrying on industrial work are greatly hampered, owing to lack of space. The present Trades School building in which many of our industrial departments are contained is greatly overcrowded. The new structure would provide space for our sewing room, tailor shop, mattress shop, shoe shop, department for making willow baskets, chair caning and the greater part of the weaving of towels and other materials which we wish to inaugurate, if possible. There should be a high basement in this building so as to provide additional storage space.

The space now occupied by some of the above mentioned departments and by some farm and other employees is required for other purposes.

This structure is one of those called for in the original plan of the Colony.

Item 13. Repairs and equipment.

“A”: Additional plumbing, such as water closets, wash bowls, etc., at Schuyler Infirmary, Loomis Infirmary, Pryor, Sage, Hoyt, farmer's cottage, butcher's cottage, Bluet, Aster, etc 3,000

These structures have insufficient toilet and bathing facilities, *e. g.*, in the infirmaries there is a ratio of one water closet for 25 patients.

- “B”: Changes in brick yard..... \$1,000
 Installment of new pug mill at least twenty feet in length and elevator for same, new sheds to cover this equipment, etc. In order to properly mix the shale after being ground a pug mill of this length is required.
- “C”: New telephone cable for Villa Flora Group 500
 The present cable has insufficient capacity for telephone service. The local telephone service is exceedingly important in any institution, but especially in one built on the Colony system.
- “D”: Re-shingling lower portion of roof of cow barn and entire roof of horse barn..... 600
 These roofs are in such condition that they can not be patched. Leaks occur at numbers of points and in consequence damage results to the interior of the structure and to their contents.
- “E”: Sewer connections to cottages occupied by farmer and butcher 800
 These buildings have no connection with our sewage system and in consequence have no modern plumbing as have most of the other cottages for employees.
- “F”: Fencing material for farm..... 1,000
 With many miles of fencing on the Colony premises, wire and posts are required each year to keep up repairs.
- “G”: Remodeling old store building occupied by farm hands for sleeping rooms..... 2,000
 The employees' rooms in this frame building are in such a state that radical repairs are urgent. This is an old Shaker structure.

“H”: Remodeling Seneca dormitory..... \$2,000

This frame cottage, another old building used by patients, requires extensive overhauling to place it in proper order for habitation. It would be wiser perhaps to replace it by a modern structure of greater capacity adjacent to the New Six Nations. The rooms on the second floor are very low.

“I”: Drain tile for farm and labor for placing same 1,000

This amount is required annually so as to permit the continuing of farm improvement.

“J”: Medical books and surgical instruments and equipment 2,500

From time to time we require new medical books and surgical instruments. This to include funds for installation of the latest model electrical and X-ray equipment at hospital.

During the past two years we have had no money available for these purposes and in consequence our medical library and hospital equipment are not as up to date as we desire.

“K”: Motor truck — 3-ton capacity 3,000

This would take the place of several teams, enabling us to use the latter on the farm and elsewhere on the Colony.

“L”: Remodeling Inn kitchen and dining room. 1,600

This old structure in its present condition is not what it should be. Last year \$400 was appropriated for new equipment, but this cannot be used until the building is radically improved. The funds were requested last year but not appropriated.

It is one of the old Shaker structures and serves as dining room for 130 patients and 40 employees.

- “M”: Additional furnishings for the various cottages occupied by patients and employees, other than cottages occupied by those employees who are given a cottage in lieu of maintenance \$5,000

At present there is an insufficient supply of chairs, chiffoniers, small rugs, invalid chairs, etc., in the various structures above mentioned.

- “N”: Extra heavy water service pipes for spring water supply to various cottages 1,500

The present pipes are too light to give satisfactory service.

- “O”: Water heater — Mohawk cottage 85

This cottage occupied by six married employees and their families has two bath rooms but there is no means of furnishing hot water to the fixtures in these rooms.

- “P”: For placing wooden benches on the porches of various cottages occupied by patients. 300

Some twelve cottages have large verandas on which we desire to build permanent wooden seats so as to obviate the necessity of carrying chairs here and there, and so lessening breakage.

- “Q”: Permanent seats for the athletic field 115

We are now obliged to carry chairs and benches several hundred feet. This results in considerable damage to these articles. We desire to erect plain wooden benches for the use of patients and employees at games, etc.

- “R”: Placing a basement under two wings of Trades School to provide much needed

space for storage of cement, plaster, engineer's supplies, etc..... \$3,000

At present but one of the three wings of this structure has a basement. Basements under the remaining two wings would afford much needed storage space for the various industrial departments.

"S": For changing the heating system in the Superintendent's house to steam (new plant or connected with Village Green). 1,500

The present hot air furnace does not heat this structure properly, despite every precaution plumbing is frozen each winter. This house is in such a position that it is exposed to the prevailing winds. The present heating system has never been satisfactory.

"T": Iron frame superstructure for greenhouse.. 3,000

The lower part of the greenhouse has been reconstructed with brick. Unless money is soon available to replace this structure it will be impossible to use the building. The greenhouse is of fundamental importance to the garden.

"U": Pole line, transformer and installing electric lights in three cottages at the stand-pipe 400

These cottages are without electric lights, the occupants being forced to use oil lamps for the purpose of illumination.

Item 14. Blacksmith shop 3,000

The present blacksmith shop is in the Trades School Building where it is a menace because of the possibility of a fire. The space it now occupies is greatly needed for the plumbing and tin-smithing departments.

- Item 15. South Farmstead Group; dormitory, barn shed, equipment, etc.....* \$30,000

For several years a request has been made that a farm group be built at the south end of the Colony. Over 200 acres of land could be cultivated, fertilized and utilized to much better advantage than is possible at present. The patients and employees living in this group would work in our forest during the winter.

- Item 16. East wing of Central School building.....* \$20,000

The appropriation for a central school building as made under Chapter 822, Laws 1911, was insufficient to construct a building of adequate capacity. The west wing and connecting corridor are now being erected, therefore I would suggest that an amount sufficient to complete the school as planned for be requested. Our school work should be, as far as possible, centralized.

- Item 17. To carry out recommendations of State Fire Marshal* \$15,000

- Item 18. Placing new filtering material in the sewage disposal plant at the Colony* \$12,000

This amount is asked for upon the recommendation made by the State Architect whose engineer has gone over the matter very carefully. The present material in the filter beds contains a considerable amount of clay which prevents the beds from acting in a proper manner.

- Item 19. For maintenance for at least 1,450 patients for the fiscal year beginning October 1, 1913* \$295,000

So far as can be now foreseen this amount would permit us to continue general repairs from the maintenance fund and would also allow of the same schedule of salaries and wages to be in effect in the State Hospitals for the Insane on April 1, 1913.

Reforestration.

Last May a considerable number of white pine and spruce trees were set out in various parts of the Colony. For many weeks

thereafter no rain fell and in consequence a considerable percentage of the trees died. We expect to, however, set out a considerable number of trees each spring until all the area desired will be covered with new transplants.

The large grove northwest of the garden has been thinned and freed from all brush.

During the coming year the removal of the second growth hickory and scrub oak in the rear of the Women's Group is to be continued. This tract when cleared will afford some much needed pasture.

Ultimately we hope to have all of our woodland properly thinned and freed from all brush and dead timber.

Making of Brick.

Early in the present year a new dry pan and machinery for making wire cut brick were installed in our brick yard. After trying these out during the summer just passed it was found that the shale, after being pulverized, was not properly mixed in the pug mill, the latter being entirely too short. The request is included in the list of special appropriations for \$1,000 with which to install a twenty foot pug mill, the necessary elevator, pulleys, belts, etc. With certain changes in our dry pan and the installment of this new pug mill with elevator, etc., there seems to be no reason why a large quantity of a wire cut vitrified brick of good quality cannot be made each summer. The brick making industry affords occupation to some twenty male patients. There is no apparent cause to prevent a fair profit being realized from the output of the plant. In addition to this, as mentioned in our last report, drain tile could be made.

State Fire Marshal's Recommendations.

A representative of the State Fire Marshal visited the Institution early in the year and recommended certain changes and additions at the Colony among which were:

The erection of the following fire escapes; on the rear of the Administration Building, on the north end of Loomis Infirmary, on the east end of Seneca Cottage, on the north and south end

of the main corridor of the Letchworth Building, on the west end and also on the south end of the east corridor of the Peterson Hospital.

He also recommended that all ranges be covered with hoods, all electric wires be placed in conduits and that all doors leading to the outer air open outward, etc.

To carry out these recommendations at least \$15,000 will be required.

The Fiscal Supervisor's department requested from the last Legislature an appropriation to carry out the recommendation of the State Fire Marshal in the Institutions under his supervision, but the appropriation was not granted. The item of \$15,000, to cover this matter is included in our list of special appropriations for the coming year.

To me it would seem that before placing additional fire escapes on the Letchworth House, a four story structure, not modern in type, I would advise that serious consideration be given to the abandoning of this building for patients' use.

Field Workers.

I deem it to have been unfortunate that we could not secure the approval last year and the year before for the Institution to employ trained field workers. The field workers could not only secure valuable information for the Institution regarding its patients and those who were applying for admission to the Institution, but could spread information among the general public relative to the problem of caring for the epileptic, feeble-minded, etc. Valuable information could in this way be disseminated throughout the various communities which this field worker would visit. The field workers might also look up the home conditions where requests have been made for the removal of patients from the Colony. Work of this kind would bring the Institution into a much closer relation with the friends and relatives of the average patient than is possible under the present conditions. The value of this work has been demonstrated in several States.

The Colony is looking forward to the Bureau of Analysis and Investigation of the State Board of Charities securing for the Colony valuable data pertaining to the heredity of the applicants for admission to the Colony.



Two patients delivering vegetables from the Colony garden.

Changes in the Medical Staff.

Dr. Paul E. Betowski was appointed Medical Interne October 2, 1911, promoted to Junior Assistant Physician, December 13, 1911.

Dr. Sarah Adlemann was appointed Medical Interne November 8, 1911, resigned November 28, 1911.

Dr. Arthur L. Shaw resigned as Junior Assistant Physician November 15, 1911, to accept appointment as First Assistant Physician at New Jersey Village for Epileptics.

Dr. Samuel Ginsberg, Junior Assistant Physician was transferred to a similar position at the St. Lawrence State Hospital.

Dr. Elias Fischbein was appointed Junior Assistant Physician December 29, 1911.

Dr. L. B. Sisson and Mr. H. L. Worthing, a senior medical student, worked in the Laboratory during the summer as assistants to the Resident Pathologist. The services rendered by these two gentlemen were very satisfactory.

The inevitable result of a lower schedule of salaries at the Colony as compared with the State Hospital for the Insane will be increased difficulty in securing younger medical men of any ability to enter the service of the Colony as medical interne or junior assistant physician. I trust that the Colony Salary Schedule will soon be made the same as that in force in the State Hospitals.

Consulting Staff.

Dr. Henry J. Mulford who was visiting Rhinologist and Otologist, resigned his position early in the year. Dr. Mulford had visited the Colony regularly for some time and operated on a considerable number of cases.

Dr. Arthur G. Bennett and Mr. Meyer have visited the Colony regularly during the year, the former examining the eyes of special cases as well as all those newly admitted, 229 in number, and prescribed glasses as indicated, 90 in all, the latter keeping all glasses properly adjusted. The services rendered by all of these gentlemen have been very satisfactory and of much value to our patients.

Medical Meetings.

The Livingston County Medical Society held its regular quarterly meeting at the Colony on May 7, 1912. Papers were presented by Doctors McGuire, Plummer and Sharp of Buffalo, N. Y. and by Doctors Munson and Andrews of the Medical Staff of the Colony.

The regular meetings of the Resident Medical Staff have been continued, being held three times each week.

Care and Treatment.

Under existing conditions the two infirmaries are not well arranged for the purpose of properly caring for the patients residing therein. The Letchworth House, a four story structure, which was standing on the premises at the time the site of the Colony was acquired, is entirely too high to be suited for a dormitory building for epileptics. Every stairway invites injury to our patients during seizures. It is to be hoped that in the not distant future funds will be available for the construction of a sufficient amount of dormitory space elsewhere on the Colony so as to permit us to abandon the Letchworth House for patients.

This building might possibly be remodeled by removing the upper story, placing a new roof thereon, installing proper plumbing and rearranging the interior so as to make this building available for an employee's home in the men's group. After careful consideration, however, the building having been constructed 55 years ago, the wisest plan would be to raze the same and erect, possibly on another site, a modern building for the purpose mentioned. The two infirmaries have since they were first constructed been at all times greatly overcrowded. The dining rooms in these structures are located in the basements necessitating our having patients, feeble both mentally and physically, go up and down one or two flights of stairs for each meal. The toilet facilities in these buildings are exceedingly inadequate and the general arrangement of the interior such that it is impossible to properly classify the patients residing in these two buildings. It would seem the wisest policy to consider carefully the matter of constructing for the use of the true infirmary type of patients simple one story dormitory pavilions arranged in series with one kitchen and dining room.



Dining room in one of the small cottages for female patients.

From my experience at the Colony, I am convinced that no structure in a colony for epileptics should have accommodations for more than 75 patients and this to be only in a building for the care of those of the lower mental grades. For patients of mental grades approaching the normal, cottages accommodating from fifteen to thirty or thirty-five patients are to be preferred.

Practically all of the difficulties in securing and retaining an adequate force of attendants occur in the three structures, the Letchworth House and the two Infirmaries which have a number of patients exceeding that first mentioned.

Unless patients can be properly classified it is impossible to give them the care and attention which their particular condition demands. Early relief in this matter should be afforded the Colony by the appropriation of funds for the construction of a sufficient number of suitably planned cottages to permit of a reduction of the number now residing in the three large buildings referred to.

The present basement dining rooms in the two infirmaries can never be satisfactorily arranged. If the one story pavilions suggested could be constructed and the Loomis Infirmary vacated by the patients now residing therein, that building might be used for the type of patients now living in the Letchworth House.

Another factor which should be given serious weight in considering this matter is that of fire. Should a fire occur at night in the Letchworth House very serious results would obtain. In summing up this entire matter I can but endeavor to impress upon the Board of Managers that there is no apparent reason why the facilities at the Craig Colony should not at least be made equal to those afforded the State Hospitals for the Insane for caring for the patients residing in those institutions. The epileptic is, as those familiar with their care will admit, as difficult a patient to care for properly as is any insane person.

Reference is made in the list of special appropriations, and in an earlier part of my report, to the needs of the Colony regarding the proper care of newly admitted patients and those who are suffering from ordinary illnesses or from some condition resulting from a special phase of their epilepsy either with or without a marked involvement of the mental state.

Sixteen years ago, shortly after the opening of the Colony, Dr. Spratling, at that time Superintendent, laid stress on the evils growing out of the massing of the large number of epileptics under one roof. Patients coming from all walks of life and from all kinds of environments make it particularly difficult to so adjust living conditions as to make such persons live in one household in an amicable manner. The separation and proper classification of the epileptic can not be brought about except in small cottages. After a short time the patients accommodate themselves to the new surroundings, and as a rule obey the simple rules and regulations governing their life at the Colony. To place a great number under one roof makes it impossible to bring about satisfactory conditions under which they can get on one with the other.

The mental condition of the epileptic, which is one important phase of his disease, is that of an irritable and easily upset temperament which results in more or less friction occurring among patients suffering from this disorder.

The general treatment of our patients at the Colony consists in so arranging their method of living as to bring about as completely as possible a normal state of life. For some years past there have been but very few patients who have been under a continuous bromide treatment. Bromides and other sedatives are used from time to time as indicated to treat particular phases of epilepsy such as serial attacks, status epilepticus and certain mental symptoms. The regulation of the diet, proper occupation with a sufficient amount of recreation, regular hours for rest, bathing at frequent intervals, correction of any abnormality of the eyes, teeth, gastro intestinal tract, etc., brings about such an improved state of health that in many instances the central nervous system apparently takes on increased powers of resistance toward the irritation which apparently had been previous to this improvement in health producing the symptoms of the disorder.

From our experience we feel that active measures for bringing about the elimination of waste material is of the utmost importance. During the past year in certain operative and other cases hormonal was used hypodermically but without any good result.

The medical and surgical work of the year has continued about the same as in the past. The lack of sufficient hospital facilities



Reading Room in Colonists Club for male patients.

and the proper space for giving attention to those who may be mentally confused is impressed more and more upon us as time goes on.

Abstract of Admissions During the Year Ending September 30, 1912.

Males	130
Females	97

Total	227
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Ages on Admission.

5	1	33	3
6	1	34	3
7	2	35	4
8	1	36	6
9	3	38	3
10	7	39	2
11	4	40	4
12	13	41	2
13	18	42	2
14	6	44	2
15	13	45	2
16	6	46	1
17	9	47	2
18	8	48	2
19	10	49	2
20	5	50	2
21	7	52	1
22	9	54	2
23	6	56	2
24	5	60	1
25	6	62	1
26	8	64	1
27	11	70	1
28	5	71	1
29	1	72	1
30	4		
31	2	Total	227
32	3		

Occupation.

Baker	1	Machinist	3
Box maker	1	Messenger boy	2
Blacksmith	1	Nurse	1
Building Superintendent.	1	None	124
Bookkeeper	1	Porter	1
Check girl	1	Peddler	1
Clothing inspector	1	Pattern maker	1
Clerk	3	Packer	1
Corset maker	1	Real estate agent.....	1
Cook, male	1	Seaman	1
Caulker	1	Seamstress	1
Domestic	13	School teacher	3
Engineer	1	Salesman	2
Expressman	1	School girl	4
Engraver	1	School boy	7
Farmer	7	Tailoress	1
Fireman	1	Traveling salesman	1
Florist	1	Teamster	2
Housework	13	Varnisher	1
Harness maker	1	Whip maker	1
Housekeeper	3	Wire worker	1
Iron moulder	1	Waiter	2
Laborer	9		

Ages at Onset.

Birth	2	16 months.....	2
6 weeks.....	1	18 months.....	3
3 months.....	1	Infancy.....	4
4 months.....	1	1 year	6
5 months.....	2	2 years.....	11
6 months.....	2	3 years.....	10
7 months.....	3	4 years.....	8
8 months.....	1	5 years.....	7
9 months.....	2	6 years.....	9
10 months.....	5	7 years.....	9
11 months.....	0	8 years.....	4
14 months.....	1	9 years.....	7

10 years.....	12	28 years.....	1
11 years.....	6	29 years.....	1
12 years.....	14	30 years.....	2
13 years.....	6	34 years.....	1
14 years.....	11	35 years.....	2
15 years.....	6	36 years.....	3
16 years.....	9	38 years.....	1
17 years.....	3	40 years.....	2
18 years.....	3	42 years.....	1
19 years.....	7	48 years.....	1
20 years.....	4	49 years.....	1
21 years.....	3	54 years.....	1
22 years.....	1	55 years.....	1
24 years.....	4	62 years.....	1
25 years.....	5	Unknown	13

Heredity.

Epilepsy	43	Suicide	2
Alcoholism	46	Hysteria	4
Insanity	11	Diabetes	1
Tuberculosis	30	Asthma	5
Cancer	6	Feeble-mindedness	3
Rheumatism	9	Drug habitue	2
Brights disease	14	None	85
Syphilis	7	Blindness	2
Migraine	10	Consanguinity	4
Cerebral hemorrhage.....	16	Chorea	3

Prenatal Conditions.

Instrumental delivery....	7	Maternal worry	3
Prolonged labor.....	2	Fright to mother.....	3
Difficult labor	2	Mother—acute brights	
Premature birth	1	disease	1
Mother “nervous”.....	1	Breech presentation.....	1
Mother intemperate	1	Syphilis in father.....	1

Fall down stairs at 4 months	1	Unknown, or none	202
Kicked in abdomen at 6 months	1		227

Assigned Cause.

Obstetrical injury	1	Overwork	3
Chronic encephalitis	1	Enteritis	2
Dentition	6	Prenatal influences	1
"Nervous prostration"	2	Fall	7
None	127	"Rape"	1
Scarlet fever	5	Diphtheria	1
Fall during infancy	3	Heat prostration	1
Infantile paralysis	4	Kick by horse	1
Measles	3	Excitement	1
Fright	14	"Lowered vitality"	1
Microcephalus	1	Inability to join fraternity	1
Ammenorrhea	1	Menstruation	1
Injury to foot	1	Over eating	3
Pertussis	1	Masturbation	1
Grief or emotional shock	2	Cerebral hemorrhage	2
Fall, striking head	6	"Crying"	1
Heredity	5	Cerebro spinal meningitis	2
Surgical operation	2	Swallowing of pin	1
Alcoholism	1	Congenital syphilis	1
Typhoid fever	2	Digestive disturbance	7

Probable Cause.

Heredity	115	Poliomyelitis	6
Unknown	66	Scarlet fever	4
Alcoholism	2	Cerebral hemorrhage	4
Syphilis	6	Measles	1
Trauma	17	Obstetrical injury	2
Meningitis	2		
Dentition	2		227

Type of Seizures.

Grand mal.....	129	Psychic	4
Petit mal.....	14	Jacksonian	1
Both	79		
			227
			<hr/>

Time of Occurrence of Seizures.

Diurnal	51	Both	150
Nocturnal	26		
			227
			<hr/>

Frequency of Seizures.

Daily	44	Monthly	25
Every other day.....	7	Every 2 to 3 months	18
Every 2 or 3 days.....	16	Every 3 to 4 months	2
Every 3 or 4 days.....	14	Every 6 months	5
Weekly	30	Unknown	22
Every 2 or 3 weeks	37		
Every 4 to 6 weeks	7		227

Nature of Aura.

Irritability	6	Formication along spine..	1
Epigastric	24	Yawning	1
Dizziness	10	Precordial discomfort ...	3
Fright	6	Indescribable feeling	4
"Nervousness"	3	Tingling right hand	1
Vertigo	10	Sensation of "toes turning	
Headache	5	up"	1
Photophobia	3	Numbness of hands	3
Flushing of face	1	Tingling, left hand	1
Globus Hystericus	1	Pain right eye	1
Smothering sensation	1	Numbness, lower extremi-	
Megalopsia	1	ties	1
Choking sensation	1	Numbness over entire body	1
Euphoria	2	Numbness of forearm ...	1

Feels weak	2	None	130
Galeropsia	2		
			<hr/> 227

Mental Status.

Good	21	Idiot	10
Fair	39	Dementia	7
Feeble minded	109		
Imbecile	41		<hr/> 227

Paralysis.

Right Hemiplegia	16	Monoplegia	1
Left Hemiplegia	9	Facial Paralysis	2
Diplegia	1	None	197
Paraplegia	1		<hr/> 227

Abstract of Physical Examinations Made on Admission.

Abnormal cardiac condi- tions	36	Rickets	1
Abnormal pulmonary con- ditions	26	Nystagmus	1
Impaired hearing	3	Arcus senilis	5
Deformities of spine	7	Unequal pupils	2
Syphilis	4	Hypospadias	1
Strabismus	8	Thumb amputated	1
Varicosities	13	Umbilical hernia	1
Enlarged tonsils	22	Fingers amputated	1
Arterio sclerosis	10	Acne rosacea	2
Mongolian type	2	Pregnancy	1
Bromic acne	27	Exophthalmos	4
Double talipes planus	31	Blindness	2
Hydrocephaly	1	Tubercular hip joint	1
Microcephaly	1	Corneal ocar	1
Old fractures	4	Adenoids	2
Enlarged prostate	5	Ectropion	2
		Infantilism	1
		Potts disease	1

REPORT OF MEDICAL AND SURGICAL CASES 1911-1912.

Medical.

Infectious Diseases.

Typhoid fever	29
Scarlet fever	1
Diphtheria	8
Influenza	24
Erysipelas	15
Chicken-pox	2

Diseases of Digestive System.

Follicular tonsillitis	30
Simple tonsillitis	12
Acute catarrhal laryngitis	13
Acute gastritis	31
Intestinal tympanites	2
Appendicitis	6
Gastro enteritis	14
Acute enteritis	36
Catarrhal jaundice	2
Tonsillar abscess	3
Intestinal obstruction	7
Cholecystitis	7
Ilio-colitis	1
Intestinal hemorrhage	2
Intestinal tuberculosis	4

Diseases of Chest Organs.

Acute bronchitis	27
Bronchial asthma	9
Pulmonary edema	33
Lobar pneumonia	7
Broncho pneumonia	65
Tubercular pneumonia	24
Acute pleurisy	9
Pleurisy with effusion	2

Fibrinous pleurisy	1
Emphysema	1
Acute catarrhal laryngitis	3
Acute endocarditis	10
Cardiac asthma	10
Arterio sclerosis	8
Pericarditis	2
Pericarditis with effusion	1
Pulmonary hemorrhage	4

Diseases of Genito-Urinary Organs.

Acute nephritis	8
Diabetis mellitus	1
Chronic nephritis	7
Cystitis	4
Vaginal gonorrhœa	1
Urethral gonorrhœa	1
Vesical incontinence	6
Balano-posthitis	6
Traumatic paraphimosis	2

Diseases of Nervous System Other than Epilepsy.

Exhaustion paralysis	8
Cerebral hemorrhage	2
Myoclonic status	23
Hysteria	12
Migraine	8
Hysterical aphonia	2
Trigeminal neuralgia	2

Epileptic Conditions.

Status epilepticus	53
Serial epilepsy	336
Exhaustion following seizures	583
Mental disturbance	892
Pulmonary hemorrhage following seizures	3

Diseases of the Skin.

Ulcers:

Varicose	13
Specific	6
Trophic	10
Psoriasis	2
Urticaria	1
Rhus poisoning	1

Constitutional Diseases.

Muscular rheumatism	9
Acute articular rheumatism	6
Gonorrhœal arthritis	3
Acute alcoholism	14
Syphilis	9

Diseases Due to Animal Parasites.

Ascaris lumbricoides	2
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Unclassified.

Insolation	1
Attempted Suicide	3
Hypothermia	25
Mayhem	5
Generalized odema	3

Surgical.

Lacerated Wounds	150
Incised wounds	39
Infected wounds	39
Contusions and wounds	69
Burns	35
Conjunctivitis	12
Abscess parotid	1
Fractures	29
Dislocations	19
Sprains	12

Adenitis:

Mammary	1
Axillary	1
Cervical	2
Ischio rectal	1
Inguinal	2
Rectal prolapse	1
Simple parotitis	5
Cellulitis	2
Hemorrhoids	3
Acute purulent otitis media	2
Chronic purulent otitis media	3
Patellar bursitis	2
Alveolar abscess	2
Aphous stomatitis	2
Potts disease	2
Specific iritis	1
Rachitis	2
Tubercular hip joint	1
Marginal blepharitis	4
Carcinoma of liver	1
Synovitis	1
Femoral phlebitis	2
Keratitis	2

Surgical Operations.

Hemorrhoids, removal	2
Cellulitis, opening and drainage	5
Venesection	8
Removal of dermoid cyst	2
Tonsillectomy	2
Fibro-lipoma of lumbar region	1
Muscle section, removal	3
Infective synovitis, opening and drainage	1
Urethral dilatation	1
Wiring fractured femur	1
Circumcision	9
Curettement, uterine	1

Anal fistula, repair	1
Lumbar puncture	4
Turbinectomy	5
Salvarsan, injection	3
Hormonal, injection	5
Miscarriage, 7th month	1
Wiring fractured inferior maxilla	2
Ischio rectal abscess	3
Compound fracture tibia and fibula	1
Decompression, fenestration of dura	7
Post-operative adhesions	1
Salping — oophorectomy and appendectomy.....	4
Intestinal perforation, typhoid	1
Cholecystotomy	1
Appendectomy	1

RECORD OF DEATHS DURING THE YEAR ENDING SEPTEMBER 30, 1912.

Number.	Sex.	Age at death.		Duration of epilepsy.	Residence at colony.		CAUSE OF DEATH.
		Yrs.	Mos.	Dys.	Yrs.	Mos.	Dys.
1.	Female.	29	..	..	19 years.	7	14
2.	Female.	..	..	..	Unknown.	2	8
3.	Female.	17	11	1	15 years.	3	8
4.	Female.	16	4	11	13 years.	1	10
5.	Male.	34	10	21	19 years.	3	10
6.	Male.	22	7	10	8 years.	3	7
7.	Female.	14	7	10	14 years.	10	23
8.	Female.	35	0	5	27 years.	11	2
9.	Female.	27	1	15	11 years.	11	23
10.	Female.	38	1	15	8 years.	1	0
11.	Male.	36	3	..	17 years.	5	7
12.	Male.	35	..	..	21 years.	1	0
13.	Male.	25	..	..	11 years.	5	5
14.	Male.	21	10	..	17 years.	7	1
15.	Male.	22	4	17	11 years.	0	9
16.	Male.	12	3	..	12 years.	0	10
17.	Male.	22	5	19	11 years.	0	11
18.	Male.	17	10	27	14 years.	1	18
19.	Male.	55	..	17	10 years.	0	3
20.	Male.	24	..	2	22 years.	3	9
21.	Male.	52	9	5	15 years.	12	10
22.	Male.	5	8	8	54 years.	0	6
23.	Male.	35	10	..	21 years.	3	0
24.	Female.	21	2	..	15 years.	11	11
25.	Male.	12	6	..	7 years.	5	10
26.	Female.	27	7	19	16 years.	13	7
27.	Female.	36	9	19	20 years.	10	5
28.	Female.	65	6	..	3 years.	2	0
29.	Male.	38	0	..	37 years.	3	8
30.	Female.	18	0	..	15 years.	11	6
31.	Female.	27	0	16	Unknown.	4	9
32.	Female.	15	9	10	8 years.	0	10
33.	Male.	25	0	0	21 years.	8	5
34.	Female.	29	8	1	25 years.	7	4
35.	Male.	14	8	10	11 years.	1	1
36.	Female.	20	7	7	23 years.	4	2
37.	Female.	24	1	0	23 years.	0	0
38.	Female.	35	11	5	23 years.	11	0

39	Female	39	0	0	26 years	15	6	18	Pulmonary tuberculosis. Epilepsy.
40	Female	30	10	18	16 years	8	8	9	Lobar pneumonia. Epilepsy.
41	Male	42	11	15	12 years	2	0	5	Epileptic seizures.
43	Male	21	0	0	20 years	8	9	3	Pulmonary oedema following epileptic seizures.
44	Male	21	0	0	13 years	7	1	19	Pulmonary oedema following epileptic seizures.
45	Male	18	10	0	10 years	3	2	4	Exhaustion following seizures.
46	Male	16	6	0	14 years	2	2	21	Pulmonary tuberculosis.
47	Male	62	0	14	10 years	5	3	6	Brain tumor. Sarcoma.
48	Female	39	0	0	8 years	2	1	9	Fracture and laceration of skull.
49	Male	25	0	0	8 years	7	5	14	Chronic nephritis.
50	Male	29	0	0	22 years	3	11	24	Cerebral softening. Mitral insufficiency.
51	Male	53	0	0	37 years	0	10	14	Serial seizures.
52	Male	21	6	2	28 years	7	1	12	Exhaustion following serial epileptic convulsions.
53	Female	48	0	0	29 years	7	1	3	Acute myocarditis.
54	Male	42	11	17	12 years	11	11	25	Epileptic seizures.
55	Male	23	7	2	18 years	10	7	13	Acute pneumonic Phthisis.
56	Male	54	0	0	18 years	5	7	19	Broncho pneumonia.
57	Male	61	0	0	Unknown	1	2	19	Broncho pneumonia.
58	Male	53	3	24	29 years	0	7	8	Mitral insufficiency. Cardiac hypertrophy pleuritic effusion.
59	Male	58	29	7	29 years	8	0	9	Pneumonia.
60	Female	59	24	3	Unknown	2	3	10	Acute congestion and oedema of lungs.
61	Male	60	27	0	23 years	2	11	25	Broncho pneumonia. Epilepsy.
62	Male	26	0	0	26 years	11	1	1	Lobar pneumonia.
63	Male	62	5	16	7 years	10	6	7	Broncho pneumonia.
64	Male	25	0	18 years	5	3	2	3	Acute dilatation of heart. Pulmonary tuberculosis.
65	Male	32	7	2	25 years	11	11	25	Exhaustion following seizures. Myoclonus epilepsy.
66	Male	24	7	0	22 years	11	11	25	Cerebral hemorrhage, epileptic attack.
67	Male	26	0	0	Unknown	11	0	0	Broncho pneumonia.
68	Male	27	0	0	17 years	11	0	0	Broncho pneumonia.
69	Female	36	10	13	35 years	12	2	13	Pulmonary tuberculosis.
70	Female	26	0	0	18 years	12	2	13	Broncho pneumonia.
71	Female	66	0	0	8 years	2	10	12	Pernicious anaemia.
72	Female	27	9	7	8 years	3	9	0	Pulmonary tuberculosis.
73	Male	21	9	11	17 years	11	9	11	Typhoid fever.
74	Male	17	2	21	12 years	0	3	18	Typhoid fever.
75	Male	15	0	0	12 years	7	6	15	Typhoid fever.
76	Male	30	0	0	13 years	12	3	22	Typhoid fever.
77	Male	26	0	0	24 years	13	8	23	Typhoid fever.
78	Male	43	9	13	41 years	0	11	10	Typhoid fever. Ileopsoas abscess.
79	Female	13	9	21	11 years	3	2	25	Infected compound fracture of femur.
80	Female	33	1	7	3 years	1	0	0	Chronic nephritis. Syphilis.
81	Male	23	1	12	13 years	1	3	9	Serial seizures of epilepsy.
82	Male	19	7	27	10 years	2	3	0	Tubercular peritonitis.
83	Male	24	8	13	19 years	0	3	20	Epileptic seizures.
84	Male	14	7	18	8 years	4	7	17	Epileptic seizures.
85	Female	45	0	0	24 years	16	8	18	Chronic nephritis.
86	Female	38	0	0	13 years	11	5	0	Typhoid perforation.

RECORD OF DEATHS DURING THE YEAR ENDING SEPTEMBER 30, 1912 — (Concluded).

Number.	Sex.	Age at death.		Duration of epilepsy.	Residence at colony.		CAUSE OF DEATH.
		Yrs.	Mos.	Dys.	Yrs.	Mos.	
87.....	Male.....	19	0	0	0	5	Pulmonary tuberculosis.
88.....	Female.....	17	9	14	1	8	Epileptic seizure.
89.....	Female.....	30	3	2	8	4	Pulmonary tuberculosis.
90.....	Female.....	33	9	20	5	6	Pulmonary oedema.
91.....	Female.....	31	6	0	4	3	Pulmonary oedema following seizures.
92.....	Male.....	52	10	30	2	17	Typhoid fever.
93.....	Male.....	38	5	19	2	0	Accidental drowning.
94.....	Female.....	33	3	16	0	20	Exhaustion following mental confusion.
95.....	Female.....	36	0	0	9	3	Pulmonary tuberculosis.
96.....	Female.....	27	4	23	3	6	Pulmonary tuberculosis.
97.....	Male.....	30	4	21	8	1	Epileptic seizures.
98.....	Female.....	18	9	6	6	10	Lobar pneumonia.
99.....	Male.....	30	9	24	6	10	Pulmonary oedema with epileptic seizures.
100.....	Male.....	48	2	26	1	8	Stab wound of aorta inflicted by fellow patient.
101.....	Male.....	42	3	13	6	5	Epileptic seizures.
102.....	Male.....	15	6	6	2	6	Typhoid fever.
103.....	Male.....	19	10	0	8	3	Pulmonary tuberculosis.
104.....	Female.....	39	0	0	1	4	Pulmonary tuberculosis.
105.....	Male.....	28	0	9	2	4	Cerebral hemorrhage.
106.....	Male.....	11	4	27	0	24	Epileptic seizures.
107.....	Male.....	14	1	0	1	0	Typhoid fever.
108.....	Male.....	62	9	23	0	5	Cerebral softening. Arterio sclerosis.
109.....	Female.....	35	1	0	4	8	Broncho pneumonia.
110.....	Male.....	13	9	1	3	5	Exhaustion following seizures.
111.....	Male.....	43	10	27	0	4	Exhaustion following seizures.
112.....	Female.....	62	11	16	7	10	Broncho pneumonia.
113.....	Female.....	25	11	0	4	9	Broncho pneumonia.
114.....	Female.....	47	11	9	2	26	Pulmonary oedema following seizures.
115.....	Male.....	26	0	17	0	3	Pulmonary oedema following seizures.
116.....	Female.....	50	0	39	15	11	Broncho pneumonia.
117.....	Male.....	15	2	2	4	9	Exhaustion following seizures.
118.....	Female.....	17	0	0	2	7	Broncho pneumonia.
119.....	Female.....	25	0	0	12	6	Pulmonary tuberculosis.
120.....	Female.....	47	11	18	0	1	Pulmonary tuberculosis.
121.....	Female.....	28	20	4	1	11	Pulmonary oedema.
122.....	Male.....	29	9	4	1	10	Cerebral hemorrhage.
123.....	Male.....	27	11	23	0	16	Intestinal tuberculosis.
124.....	Female.....	44	0	0	14	2	Cardiac incompetence, mitral.

125.....	Female.....	32	0	0	0	6 years.....	5	0	0	Pulmonary tuberculosis.
126.....	Female.....	49	0	0	0	32 years.....	5	1	3	Cerebral apoplexy.
127.....	Male.....	17	2	18	0	15 years.....	9	9	7	Broncho pneumonia.
128.....	Female.....	45	0	0	0	11 years.....	5	9	10	Pulmonary tuberculosis.
129.....	Female.....	22	0	0	0	10 years.....	2	6	18	Pulmonary tuberculosis.
130.....	Female.....	40	0	0	0	24 years.....	0	1	26	Cardiac insufficiency.
131.....	Female.....	14	0	0	0	12 years.....	6	8	5	Exhaustion following seizures.
132.....	Male.....	52	0	0	0	22 years.....	7	11	26	Carcinoma of Liver.
133.....	Female.....	41	0	0	0	24 years.....	3	11	4	Epileptic seizure.
134.....	Female.....	20	0	0	0	5 years.....	2	2	27	Acute parenchymatous nephritis.
135.....	Female.....	28	0	0	0	27 years.....	9	5	5	Pulmonary oedema following seizures.
136.....	Male.....	20	0	0	0	12 years.....	8	8	10	Pulmonary oedema following seizures.

**STATISTICS OF THE INSTITUTION FOR THE YEAR
ENDING SEPTEMBER 30, 1912.**

Number of patients in the institution Oct. 1, 1911... 1420
 Number of patients received during the year..... 227

Total number cared for during year..... 1647

Discharged during the year ending September 30, 1912:

Recovered	4
Improved	33
Unimproved	52
Transferred to other institutions .	4
Otherwise discharged	0
Died	136

Total number discharged and died..... 229

Total remaining 1418

	Men over 21.	Women over 21.	Boys 16-21.	Girls 16-21.	Boys 5-16.	Girls 5-16.	Boys 2-5.	Girls 2-5.	Boys under 2.	Girls under 2.	
Remaining Sept. 30, 1911.....	282	337	164	105	306	209	9	8	.....	.....	1,420
Received during year ending Sept. 30, 1912.....	67	53	23	13	39	31	1	.....	.....	.....	227
Returned to parents or guardians.....	37	12	12	9	11	8	.....	.....	.....	.....	89
Transferred to other institutions.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	4
Died.....	59	42	11	8	12	3	1	.....	.....	.....	136
Total discharged.....	98	55	24	17	23	11	1	.....	.....	.....	229
Remaining October 1, 1912.....	251	335	163	101	322	229	9	8	.....	.....	1,418

MOVEMENT OF THE POPULATION, THE REPRESENTATION FROM THE SEVERAL COUNTIES OF THE STATE
BEING AS FOLLOWS:

COUNTIES.	NUMBER PRESENT OCTOBER 1, 1911.		RECEIVED DURING THE YEAR.		DISCHARGED DURING THE YEAR.		DIED DURING THE YEAR.		NUMBER PRESENT OCTOBER 1, 1912.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Albany.....	18	13	5	5	.....	1	3	3	20	15
Allegany.....	7	10	2	2	.....	.....	2	3	6	6
Broome.....	6	5	2	2	2	.....	1	.....	5	5
Cattaraugus.....	8	4	1	1	.....	.....	.....	1	9	3
Cayuga.....	6	3	.....	1	.....	.....	2	1	4	3
Chautauqua.....	7	5	.....	1	.....	.....	1	.....	7	5
Chemung.....	4	6	1	1	.....	.....	2	1	5	6
Chenango.....	2	.....	2	.....	.....	.....	1	.....	3	.....
Clinton.....	1	5	.....	1	.....	.....	.....	1	.....	4
Columbia.....	5	6	.....	.....	1	1	2	.....	4	6
Cortland.....	4	1	.....	2	.....	.....	.....	.....	2	1
Delaware.....	4	3	.....	.....	.....	.....	.....	.....	3	5
Dutchess.....	9	5	1	1	1	.....	.....	.....	9	6
Erie.....	48	35	7	8	4	1	4	3	47	39
Essex.....	5	3	1	1	.....	.....	1	2	5	2
Franklin.....	5	5	1	2	.....	.....	.....	2	6	5
Fulton.....	8	5	.....	.....	.....	.....	2	.....	7	5
Genesee.....	5	6	.....	1	.....	.....	.....	.....	5	7
Greene.....	1	1	.....	.....	.....	.....	.....	.....	1	1
Hamilton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Herkimer.....	3	2	.....	.....	.....	.....	1	.....	2	4
Jefferson.....	5	4	.....	6	.....	.....	.....	.....	6	2
Kings.....	102	98	21	11	14	3	10	7	99	99
Lewis.....	1	.....	.....	.....	.....	.....	.....	.....	1	1
Madison.....	4	2	.....	1	.....	.....	.....	.....	4	3
Monroe.....	3	26	1	1	.....	.....	.....	.....	4	2
Montgomery.....	41	4	6	3	2	2	6	1	39	26
Nassau.....	3	4	.....	1	.....	.....	.....	.....	3	5
New York.....	219	215	40	24	15	15	18	11	228	213
Niagara.....	11	12	2	4	.....	.....	1	2	17	16
Oneida.....	8	13	1	1	.....	.....	1	3	7	13
Ontario.....	27	18	1	1	2	1	4	.....	22	21
Orange.....	6	7	.....	1	.....	1	1	1	5	6
.....	10	6	.....	1	2	1	3	.....	6	6

RESIDENT DENTIST.

Dr. William H. Beach was appointed Resident Dentist on Oct. 17th, 1911, since which period he has done a large amount of dental work for our patients. Our equipment is such, that we are now in position to take care of any dental treatment which may be indicated.

The amount of work done by Dr. Beach during the year is given in the following table:

Examinations	1,787
Cleanings	441
Treatments	228
Special treatments	21
Extractions	3,736
Fillings, cement	148
Fillings, amalgam	997
Fillings, root	92
Plates, repair	3

Record of Seizures for the Year, Ending September 30, 1912

	MALE.			FEMALE.			Grand Total for month.
	Day.	Night.	Total.	Day.	Night.	Total.	
1911.							
October	3,844	3,329	7,173	4,489	2,332	6,821	13,994
November	3,751	3,066	6,817	3,929	2,139	6,068	12,885
December	4,173	3,558	7,731	3,969	2,202	6,171	13,902
1912.							
January	4,038	3,135	7,173	4,350	2,197	6,547	13,720
February	4,771	3,792	8,563	3,618	2,007	5,625	14,188
March	3,838	3,335	7,173	3,762	1,958	5,720	12,893
April	3,789	3,206	6,995	3,571	2,294	5,865	12,860
May	3,968	3,206	7,174	4,096	2,919	7,015	14,189
June	4,288	3,629	7,917	3,861	2,385	6,246	14,163
July	3,576	3,339	6,915	3,618	3,105	6,723	13,638
August	4,732	4,558	9,290	3,162	2,504	5,666	14,956
September	3,521	3,693	7,214	3,327	2,962	6,289	13,503
Grand total							164,891
Statement.							
Male	Day				48,289		
	Night				41,846		
	Total					90,135	
Female:	Day				45,752		
	Night				29,004		
	Total					74,756	
Grand total for the year							164,891
The inmates were:							
October, 1911:							
	Male				751		
	Female				659		
						1,410	
October, 1912:							
	Male				745		
	Female				673		
						1,418	

REPORT OF RESIDENT PATHOLOGIST.

LABORATORY OF THE CRAIG COLONY FOR EPILEPTICS.

October 1, 1912.

Dr. W. T. SHANAHAN, *Medical Superintendent*:

SIR.— I have the honor to present my report for the year ending September 30, 1912.

Routine Work.— The routine of the Laboratory is shown by the following schedule of examinations made:

Autopsies:

Complete	41	
Brain only	28	
Regional	1	70
Urines		630
Urines for diazo only		26
Throat cultures		389
Blood counts		39
Blood pressures		32
Blood pressures continuously during operation.....	2	
Sphygmograms	8	
Sputum for tubercle bacilli.....	78	
Bacteriological examinations	4	
Milkfats determined	20	
Photographic negatives	1,181	
Stomach contents	2	
Fecal solids	15	
Wasserman tests	204	
Perimetric records	2	
Cerebro-spinal fluid	1	
Widal tests	57	
Stools examined for typhoid bacilli	297	
Urines examined for typhoid bacilli	207	
Total		3,264

It may be mentioned that the photographic work in addition to the negatives involved the preparation of nearly 3,000 prints.

Autopsies.—Classed according to the character of the authorization under which they were performed, the autopsies group themselves as follows:

Permission of relatives	16
Law (Chap. 458, Laws 1905).....	25
Law and permission	2
Coroner's order, complete	23
Coroner's order, head only	2
Coroner's order, regional of trunk.....	1
<hr/>	
Total	70
<hr/>	

The writer would respectfully call attention to the need of a new autopsy law, the present one having been restricted considerably by decisions of the Attorney-General. A new law containing the following points is desirable:

(1) The term contributions to maintenance should be defined to mean only such payments or gifts as shall be made in accordance with a written contract with the Colony.

(2) The law should be operative in all cases, whether admitted before or after the going into effect of the new law. Provisions should be made for the legal notification of the relative, guardian or next friend of the patients already at the Colony by registered mail and a time limit should be set after which their failure to reply to the notification, should be considered as an expression of their refusal to contribute to the maintenance of the patient in whom they are interested.

(3) The scope of the autopsy should not be restricted. The restoration of the body after an autopsy may be very artistically done and no apparent mutilation be visible except on close examination. Permission should also be given for the removal of material necessary for study or teaching purposes.

(4) Where patients are without friends or guardian, the law should be specifically made operative.

The following is a brief summary of the conditions found in the autopsies made during the year:

	Cases
Pachymeningitis interna hemorrhagica	5
Osteoma of dura	4

Microencephalon	3
Macroencephalon	1
Cerebral hemiatrophy	*5
Atrophy one lobe or region	11
Multiple sclerotic foci	1
Brain tumor	3
Acute head trauma	1
Porencephaly	2
Negative brains	11
Hydrocephalus internus	2
Softening foci	7
Apoplexy	2
Thymus present	8
Column degeneration in cord	1
Pleural effusion, bilateral	1
Ilio-psoas abscess	1
Pituitary adenoma	1
Typhoid ulcers, etc.	2
Pneumonias	9
Tuberculosis of lungs	7

* 3 doubtful.

Report of these cases, given in outline, are appended to this report; in accordance with the custom of past years, photographs of some of the more interesting cases are included.

One case Autopsy No. 398, illustrates an important point, namely that more than one brain lesion may exist in a given case — in this one, hydrocephalus and tumor, apparently independently of one another. The probability that many of the epileptics are due to a summation of causes rather than to a single cause, is worthy of serious consideration.

Photographic work. During the past year, the photographs of the entire number of Colonists were completed and practically every history of a patient now resident on the Colony contains a picture of that patient. It is hoped that this will prove of value in recording the progressive failure or the improvement of cases after admission. For the coming year, the portraits of new

admissions will be taken and in addition, as complete a series as possible will be made of the interesting abnormal anatomical conditions shown by our patients. Many physicians do not realize the manner in which the disease stamps its victim with an indelible imprint. The photograph outfit which was purchased by the Colony has brought about great improvement in the work.

Mortuary. It is a pleasure to record that the mortuary has been greatly improved and now presents an excellent appearance. The old wooden ice-box for keeping bodies was removed and a new one built outside the walls of the Laboratory, but opening into the Mortuary. The floor was relaid with white cement and properly sloped for drainage. Partitions were built, separating from the autopsy room an animal room and a photographic dark-room. The whole interior has been well painted with white enamel paint. The writer would also point with pride to the home-made post mortem table, and electric fixture above it. Both were made here at practically no cost — and are very satisfactory.

Laboratory building. Each year, attention has been called to the increasing need of an addition to the Laboratory. The need is greater than before on account of more extensive work, which would be facilitated by having properly arranged space for its classification. If a wing cannot be obtained, the writer would suggest the possibility of dividing off the present laboratory by suitable partitions and thus increasing the efficiency of what we have. This plan should not be very costly.

Typhoid Diagnosis. During much of the spring and summer, time for other work was not available through the necessity of searching for a typhoid carrier. The work lacked conclusiveness on account of the difficulty of obtaining proper samples. The success of the routine examination of new cases for diphtheria, in reducing trouble from this source, raises the question of the advisability of extending this to new employees and of examining all new comers, whether employees or patients, who give a history of typhoid or any suggestive condition, for typhoid bacilli in the stools or urine.

The writer acknowledges the valuable services of Mr. Worthing and Dr. Sisson, during the summer months.

With sincere thanks to the Superintendent for his unfailing cooperation, this report is

Respectfully submitted

(Signed) J. F. MUNSON,
Resident Pathologist

**Appendix to Report of the Pathologist, Autopsies 341 to 410,
Inclusive.**

341 — *T. M., No. 2853, Male.*—Age at death 17. Family history is negative as reported in the history. Patient was puny as a child; convulsions at dentition and night terrors. Fell on hot stove during infancy. Is said to have had scarlet fever, measles, diphtheria, and pertussis in succession over a period of six months at the age of four. Had brain operation at 14. Onset of epilepsy was at 9 months; seizures occurred monthly during dentition and after this a free period of one year after which the attacks again resumed. The left side is said to be first and oftenest affected. A left hemiplegia is said to have occurred at 13, following an attack; is now almost absent. The patient shows a scoliosis; has a high palate, asymmetrical and with broad torus. Head suggests a hydrocephalus; face asymmetrical. No evidence of paralysis—plantar reflexes of indistinct Babinski type, most marked on left. Genu valgum, talipes planus. Scar of head operation on the left side. Lymph glands enlarged. Medium grade idiot. Slight signs of pulmonary tuberculosis. During residence at the Colony, he suffered two attacks of pneumonia; the latter was preceded by seizures and was fatal. Autopsy showed an old trephine opening with firm adhesions beneath it. There was possibly some left temporal atrophy. There was lobar pneumonia and pulmonary tuberculosis, with necrotic areas apparently about to form cavities; old pleural adhesions. Nutmeg liver, fatty kidneys. Thymus possibly present but small. Heart muscle cells narrow. Thymus tissue confirmed. Lung shows croupous pneumonia, with foci of necrosis. Kidney negative. Brain shows moderate dilation of the lateral cerebral ventricles.

432 — *M. S., No. 2673, Female.*—Age at death 59 years. Family history negative or unknown. Stated to have weighed

1 1-2 pounds at birth. Had occasional attacks of epistaxis between 10 and 15 years of age, smallpox at 8, measles at 9, scarlet fever at 10, and diphtheria at 30. The patient a small and undeveloped woman; numerous moles and scarlet hemangiomata. Slight varicosity of the veins of the legs. Lipoma on back. Arcus senilis, occasional diplopia, slight deafness; mentally the patient shows slight dementia and there is a history of attempted suicide and of delusions. Onset of epilepsy at 45, after menopause. Her life at the Colony was uneventful, except for swelling of the feet and later an eczematous condition developed. The patient died of pulmonary tuberculosis. Autopsy: There was recent pachymeningitis interna hemorrhagica; some adhesions of the arachnoid-pia to the cortex and beneath these the brain substance softened but not discolored. The softened area has an area of about a silver half-dollar, is quite deep and is in the lower right Rolandic region. Ost eoma in falx. There was slight dilation of ventricles and an adhesion between the surfaces of the right anterior horn. Hydrops meningeus. Broncho-pneumonia. No active tubercular lesions found; old scar at apex of right lung, probably healed tubercle. Kidney shows connective tissue increase along the vascular rays and some thickening glomerular capsules and occasionally a glomerular scar.

343 — *M. H., No. 603, Female.*—Age at death 30 years. History almost unknown. Onset of epilepsy at ten or eleven years, following fright. The patient has at times shown delusions; has had a fracture of the right clavicle and later a dislocation of the left shoulder; a rectal hemorrhage; pressure sores developed. Broncho-pneumonia developed and caused death. Autopsy There were red hepatization and sero-fibrinous pleurisy, chronic renal change. The brain showed some dilation of the posterior portions of the lateral ventricles and also of the anterior horns, with cystic choroids.

344 — *C. O'N., No. 2350, Female.*—Age at death 16 years. One sister epileptic. Patient was born after a prolonged and instrumental labor, a brow presentation, there was no apparent injury. Had measles at 6, physical examination shows little of interest — adenoids, chronic rhinitis, heart slightly irregular. Station unsteady. Onset at 11 months. Patient a low grade

imbecile. Residence at the Colony was uneventful except for several attacks of serial seizures and status. After an attack of serial seizures she died from exhaustion.

Autopsy showed a left temporal atrophy and sclerosis, the latter process extending far up on the lateral surface of the hemisphere and involving all the temporal convolutions. Thymus present. Lungs congested and œdematous. Large spleen. Small aorta.

Thymus tissue confirmed histologically; contains much connective tissue in trabeculae. There are a few glomerular scars and some connective tissue overgrowth in the kidneys. The pancreas shows diffuse degenerative change and an area of hemorrhage.

345 — *I. G., No. 1963, Female.*—Aged at death 27. Eldest sister said to have fainting spells at intervals. Patient suffered from epistaxis at 11 years of age. From four till twelve years of age, she suffered from left otitis media, for which she underwent three operations at the age of eleven. The patient had measles and scarlet fever at 8 and pertussis at 5. Is now deaf in left ear. Had frontal headaches, relieved by eyeglasses. Onset at 15; always falls backwards. Left side of face is slightly more active than the right, but otherwise the physical examination is negative. Mental state good. Life at Colony uneventful. Died following the only attack of serial seizures recorded for her.

Autopsy showed possible left temporal lobe atrophy. The kidneys are cirrhotic. The lungs show congestion and œdema; beginning pneumonia.

346 — *J. B. McF., No. 2088, Male.*—Age at death 36. Family history negative. Scarlet fever at 8. Onset of epilepsy at 19, during an attack of gonorrhea. Patient shows an asymmetrical face and palate. Has a gastric aura and some suggestions of hyperacidity. Coarse tremor of hands, when extended. Mentality fair.

Life at Colony marked by irritability and quarrelsomeness. Finally, had a seizure and received the usual attention, viz., he was placed on his back and the clothing loosened about his neck. He was left for twenty or thirty minutes, when he was found dead, in exactly the position in which he had been left.

Autopsy showed a double valvular lesion (stenosis) of the left side of the heart; these valves both showed vegetations. There was dilatation of the right side of the heart. There were no signs of embolus.

Liver shows some capsular thickening. Kidneys practically negative; only one glomerular scar seen.

347 — *A. L. T., No. 198, Male.*—Age at death 34. Family history deficient but it is stated that cousin is feeble-minded and that four of patient's fraternity died in infancy of unknown causes. Onset variously stated as at 8 or at 14. Measles at 9, followed by otitis media. Attended school till 19. There are asymmetries about the head and a slight ptosis of the left lid. Psychic aura and sometimes visual hallucinations in relation to attacks. Life at Colony not specially eventful. Was decidedly quarrelsome; a few attacks of series; parotitis (epidemic?); finally was found dead in bed with face in pillow, evidently after a seizure.

Autopsy showed an osteomatous deposit on dura opposite the junction of the superior frontal and the precentral fissures. Marked clouding and hydrops of the leptomeninges. Softening on under surface of the right frontal lobe, above olfactory bulb. General congestion. Dilatation right side of heart.

348 — *J. S., No. 2028, Male, Colored.*—Age at death 25. Father (white) was alcoholic; mother colored. Little history obtainable. Onset at 16.

Physical examination shows that the right ankle is smaller than the left; tibial crests roughened; otherwise nothing of note. Patient was irritable and abusive; occasionally mentally disturbed; seizures accompanied by great pulmonary œdema. Otherwise, nothing of note in Colony life. Patient was found dead one night about thirty-five minutes after an attack.

Autopsy showed pulmonary tuberculosis, marked general and pulmonary congestion, pulmonary œdema. Posterior portion of the lateral cerebral ventricles enlarged.

349 — *A. F. P., No. 3172, Male.*—Age at death 22. Father was a suicide; mother and maternal grandfather died of Bright's disease. There is some rumor of insanity in the family. Patient was the ninth of ten children. He had a convulsion at 13 months, during teething, and nose bleed weekly at the age of 7. Is said

to have been insane (?) at 19. The onset of the epilepsy is given as at 11 years. Physical examination negative except for exaggerated knee-jerks and mental deficiency. Binet age 9 years.

While at Colony, he suffered from erysipelas of face; was frequently disorientated following seizures; eloped and was found dead in the creek; death probably due to seizure, either directly or indirectly.

Autopsy (head only) shows dilatation of the left lateral ventricle in the posterior portion.

350 — *W. A., No. 2933, Male.*—Age at death, 16. Mother had nervous prostration; there is a mention of a prenatal fright. Patient had a "very serious" birth injury on the left side of the head. Weighed 14 pounds at birth. Was scalded at 15 months of age. Pertussis at 4. Onset of epilepsy at 16 months,— "was ill for two weeks"; had two or three fits following this and then none till the age of 7. Patient has never learned to speak more than a few words.

Physical examination shows a somewhat deformed head, large ears; a slight lateral nystagmus is occasionally seen. Is chicken breasted. Right hemiplegia. A low grade imbecile.

Autopsy on head shows microcephalic brain, weight 775 grams, in which there was a large defect in the left parietal region and a smaller one on the right side along the line of the median fissure just posterior to the posterior central convolution. About the lower portion of the defect on the left side there is a reddish brown discoloration.

351 — *G. W. H., No. 3388, Male.*—Age at death 56 years. Family history negative. Personal history negative except for syphilis at age of 30 years. Onset of epilepsy at 45, the assigned cause being syphilis. Right side most affected in seizure. Patient much confused after attacks and dementing.

Is married but separated from his wife; has four children, probably normal. Facial asymmetry. Pupil is pin point on left side and less so on right; left pupil does not react to light. Retinal vessels tortuous. Hearing markedly impaired. Right radial atheromatous. Sensory tests negative. Right knee jerk absent, the left is slightly exaggerated. No Babinski on right side but there is Gordon phenomenon; right Achilles absent. Walks heav-

ily on heels, suggests an ataxic gait. Romberg swaying present. Diagnosis: Disseminated sclerosis, tabes dorsalis also being considered.

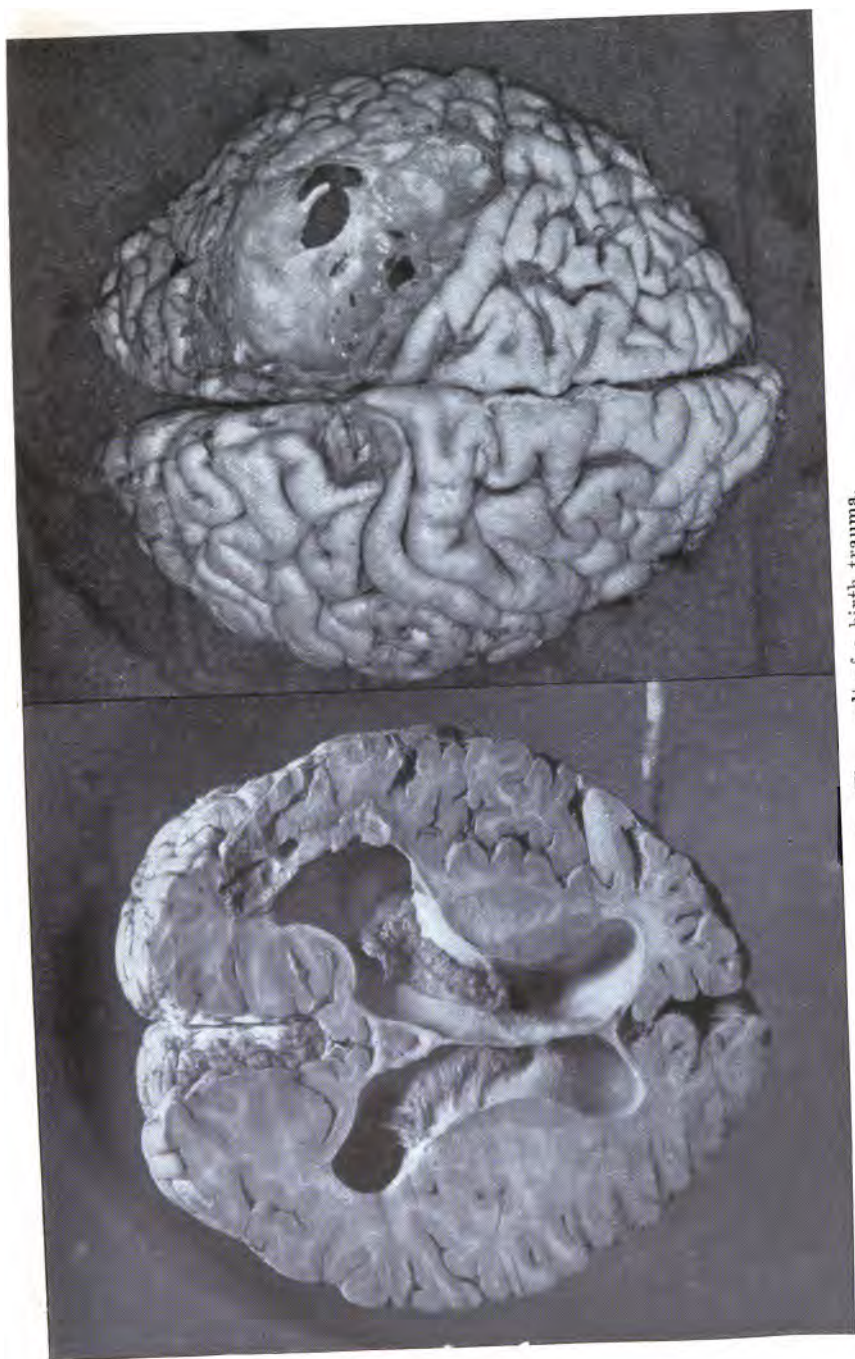
During residence at the Colony patient was not able to properly care for himself. Patient had no control over his bladder. Had two attacks of serial seizures; the last series was associated with erysipelas. Broncho-pneumonia developed and the patient died.

Autopsy. Brain negative. Cord showed degeneration in the direct pyramidal and anterolateral regions.

352 — *W. E. J., No. 3319, Male.*—Age at death five years. Family history negative. Patient was born after a hard labor. Child injured at birth, details unknown. First seizure at 3 months, the assigned cause being the difficult labor. Patient an idiot and unable to give any subjective aura but there is a short cry just before a seizure. Attacks are all Grand Mal. Patient not well nourished or developed, probably rachitic, has never been able to stand or walk, and has double talipes equinus varus; skull is asymmetrical. There is contracture of the left arm and hand; ears large and flaring. There is marked nystagmus; vision is very defective. There is lateral dorsal curvature. Percussion over chest gives hyperresonant note. There is marked tachycardia. Mouth dry. Has adenoids. Teeth large and misplaced. Patient has no control of bladder. Neither testicle has descended but the right can be palpated in the inguinal canal. The reflexes are exaggerated in the right leg, reflexes of the left leg greatly exaggerated. During residence at the Colony several series occurred. Patient runs subnormal temperature following seizures, (92° to 96°). Last series of seizures was followed by lobar pneumonia and death.

Autopsy showed: Right occipitoparietal sclerosis. Double lobar pneumonia. Histological examination negative.

353 — *G. E. W., No. 1064, Female.*—Age at death 37. The mother said to have been nervous; maternal uncles had some convulsive condition and some of them were "cripples", the cause being unknown. Sustained a severe fall at 3 years. Onset of epilepsy at time of puberty. Is single, but has had a child. Shows a left hemiplegia; left reflexes exaggerated; athetosis of left hand. Asymmetries about the head; torus palatinus. While



350.—The result of a birth trauma.

at the Colony, was treated for erosions of the uterine cervix; had several attacks of mental disturbance; pneumonia with recovery; was finally found dead in bed with evidence of seizure.

Autopsy showed right temporal atrophy. Pulmonary congestion and œdema. The uterus is enlarged and shows fibroids. There was a chronic nephritis.

354 — *W. H.*, 2461, *Male*.—Age at death 33 years. Mother epileptic. Patient says he had first seizure at 24 years, but admission papers show that it occurred at 1 year. Patient well nourished. Has a bromide acne on face and back. Upper part of right ear is notched. Small roughly executed cross tattoo mark on anterior surface of left fore arm. Few small scars on lower extremity and over the body. The upper third of the tibiae are roughened. Denies all venereal disease but admits masturbation. Pain sense seems to be increased. No Achilles obtained. No ankle clonus or Babinski. In protruding tongue it deviates considerably to the left. In closing the left eye there is much diminished muscular action but no apparent paralysis. Mental status—High grade imbecile. While at the Colony patient had a tendency to wander away. Gradually became irritable and wanted to kill himself. Fought a great deal with other patients. Patient developed broncho-pneumonia following status and died.

Autopsy: Lungs greatly congested and foci of broncho-pneumonia scattered throughout. Some fatty changes in liver. Slight hemiatrophy of left cerebral hemisphere. Liver fatty and congested; heart muscle shows some deposit of brown polar pigment; kidneys show beginning interstitial change; spleen shows increased endothelial elements.

355 — *L. S.*, No. 2314, *Female*.—Age at death 20 years. Father died of tuberculosis. One aunt had epilepsy. Age of onset of seizures not known, the assigned cause being a fall from a porch causing injury to the head. Patient says that she has a warning of approaching attack but can not describe it. The patient is of slender build. The spine deviates to the left slightly in the upper thoracic region. Short time following admission to Colony she had serial seizures followed by lobar pneumonia. Patient has frontal headaches occasionally and sometimes feels giddy. The knee jerks are exaggerated, more markedly on the

left. Patient is usually well disposed but sometimes becomes irritable, often crying on slight provocation. She has no school knowledge, can neither read or write. Patient is kept in bed because of tendency to fall and injure herself and because of great prostration following seizure. Patient died of pulmonary tuberculosis.

Autopsy: Slight pachymeningitis all over inner surface of dura. Softening focus at tip of left temporal lobe.

356 — *E. R., No. 2689, Male.*—Age at death 49 years. Father died from alcoholism. Patient's first seizure occurred at 36 years following a prolonged period of dissipation. Patient had double otitis media in childhood. Heart is enlarged and shows a presystolic murmur, transmitted upwards and after exertion there is a loud systolic murmur transmitted toward the axilla. Mental status fair; about once a month feels the craving for alcohol. Patient found dead following a seizure.

Autopsy: Lateral cerebral ventricles well dilated. Old adhesions of pleura, pericardium and peritoneum. Mitral stenosis and edema of lungs. Chronic renal change present.

357 — *E. B., No. 2642, Male.*—Age at death 15 years. Patient suffered from diphtheria at the age of four years, and at this time he had a cerebral hemorrhage followed by a left hemiplegia. The first attack occurred at this time. The head is small and the tongue deviates to the left; stammers badly, and when walking the patient limps with the left leg. Is feeble-minded.

During residence at Colony, patient passed through repeated attacks of appendicitis and was operated upon. When angered, had a hysterical attack. Death occurred from pulmonary edema following status epilepticus.

Autopsy showed right cerebral hemiatrophy and congestion of the leptomeninges.

358 — *L. R., No. 2079, Male.*—Colored, age at death, 39. Onset of epilepsy at age of 30. Mental condition at admission fair, physical examination negative. During residence at Colony sustained injuries from falling from a tree. Seizures became more frequent and severe. He showed great somnolence and tumor or abscess of brain was suspected. Was found dead.

Autopsy: Marked signs of increased intra-cranial pressure. There is a rather diffuse tumor mass, probably an endothelioma along the median line of the base, rather mostly on the left side, extending from optic chiasm to the pons. The sixth nerve is surrounded by the tumor mass. On sections of the brain, the tumor extended quite deeply into the brain substance, reaching to the basal nuclei. There was in it a small cyst, size of a hickory nut. Other organs negative except for chronic renal change.

359 — *J. B. B., No. 2971, Male.*— Age at death, 25 years. Onset of the patient's epilepsy at 17. Has a mitral systolic murmur and an accentuated second aortic sound. Reflexes retarded. Mental state good on admission.

During residence at the Colony, patient suffered frequently from mental confusion. Venesection was done with some benefit. Signs of pulmonary tuberculosis were found. During a disturbed period, the patient jumped or fell from a high roof and sustained a comminuted fracture of the skull.

Autopsy showed nothing in brain beyond the results of the trauma.

360 — *C. B., No. 2429, Male.*— Age at death, 54 years. Maternal grandmother was an epileptic. Onset of epilepsy in the patient was at 16 years. Tongue when protruded deviates to the right. On admission patient showed some dementia, which progressed. Was found dead in a kneeling posture alongside his bed.

Autopsy showed cortical softening in the second and third temporal convolutions, slight dilatation of the ventricles and cystic choroids. The right side of the heart was dilated, the mitral was incompetent, and there were sub-epicardial hemorrhages. Pulmonary congestion, old tuberculosis of the lungs and chronic parenchymatous nephritis.

361 — *J. H., No. 3279, Male.*— Age at death 21 years. Mother had spasms when a child. Onset of patient's epilepsy at 12 years, the assigned cause being fright. Physical examination negative, mental state fair.

Patient had frequent serial attacks. Tuberculosis developed. Died during series of attacks.

Autopsy: Brain presented no positive findings.

362 — *E. P. J., No. 3230, Male.*—Age at death, 42 years. Father tubercular, paternal grandfather a suicide, paternal uncle insane and mother had “bone scrofula.” The patient’s head was badly lacerated during delivery. Onset at four or five years of age. Patient has little control over the lower extremities and the right leg is rather spastic. Probably tubercular. Is an idiot, who shows periods of fury. This patient failed quite rapidly and died of tuberculosis and myocarditis.

Autopsy: Right hemi-atrophy, especially in a region crossing the cerebrum laterally about opposite the Sylvian points. At the latter on the left side is a defect the size of a walnut, crossed by numerous slender trabeculae.

363 — *G. E., No. 757, Male.*—Age at death 23. Mother was an alcoholic. Onset of epilepsy at 11 years. Patient was generally well behaved at Colony; seizures increased in severity and number. Died during a seizure.

Autopsy showed dilatation of the right side of the heart, edema and congestion of the lungs. Brain negative. Some acute renal change.

364 — *H. P., No. 2045, Male.*—Age at death 54 years. Father said to have been alcoholic. Onset at 33, the assigned cause being a head trauma from a falling tree. The patient a right hemiplegic, and shows a scar depressed in the left parietal region, where an operation had been done. This area is tender to pressure. The right side of the body is smaller than the left. There is a positive Babinski on the right and Biernacki’s sign is present. Mentally poor. Residence at the Colony uneventful. Gradually failed and died from broncho-pneumonia.

Autopsy showed adhesions of scalp through to cortex at site of the trephining operation. Considerable fluid comes away, and on section is found that under the adhesions there is a defect which is continuous with the lateral ventricle.

365 — *A. R., No. 3192, Male.*—Age at death, 62 years. History unknown. On admission, had a swelling behind left ear. Arcus senilis. A senile dement. Died of broncho-pneumonia.

Autopsy: The brain showed atrophy of the convolutions and hydrocephalus of the subarchnoid space.

366 — *C. C., No. 3365, Male.*—Age at death, 54 years. Onset of epilepsy at 50 years. Marked atheroma of all palpable

arteries. Blood pressure, systolic, 200 mmHg. sitting posture. Had a chancre at age of 43, Wassermann now negative. Reflexes retarded. Mental status is good. Was found dead in bed.

Autopsy showed a pleural effusion, bi-lateral; cardiac hypertrophy; mitral insufficiency; arterio-sclerosis; a little emphysema of the lungs; beginning hepatic cirrhosis; chronic parenchymatous nephritis; slight dilatation of the lateral cerebral ventricles.

367—*A. M., No. 1519, Male.*—Age at death, 32. Father and brother stated to have been deaf-mutes. Patient had his first convulsion at four months. Did not walk until three years of age. Upon admission to the Colony, March 30, 1904, patient was well nourished, knee jerks markedly exaggerated, drags left foot in walking (hemiplegia?). Microcephalic idiot. Died immediately after an attack.

Autopsy: Brain weighed 880 grams, and shows dilated ventricles. The lungs were consolidated on one side and showed broncho-pneumonic foci on the other. Right side of heart dilated and there is a herniation of one cusp of the mitral valve. Cloudy swelling of the renal cortex.

368—*B. S., No. 2935, Female.*—Age at death, 54 years. Family history negative except for heart disease on father's side. Onset of epilepsy at 23, supposedly due to a fall. Physical examination shows nothing of note; feeble-minded. Pulmonary tuberculosis developed. Patient died suddenly following seizures.

Autopsy showed edema of the lungs, a dilated right heart, and slight atheroma of the aorta. Brain negative. Pars intermedia of pituitary very marked and extremely cyanophile.

369—*J. H. A., No. 2771, Male.*—Age at death, 20 years. Patient fairly well nourished imbecile who cannot speak distinctly. Facial asymmetry; tibial crests slightly roughened and inguinal glands enlarged. Left internal strabismus. "Tongue tied." Genu varum. Onset of epilepsy at eleven months. The patient's life at the Colony was uneventful. He failed and finally developed a broncho-pneumonia. He suffered several intestinal hemorrhages which were not accounted for. Final illness only lasted four or five days.

At autopsy the brain was negative.

370—*A. S., No. 2110, Male.*—Age at death, 24 years. Paternal grandfather died of paralysis and mother and three of

patient's fraternity died of tuberculosis. Onset of epilepsy at 18, following a shock (death of mother). Physical examination negative and his mental state on admission was good. Tuberculosis developed and caused the patient's death.

Autopsy showed chronic fibroid tuberculosis. Dilatation of heart and mitral insufficiency. Lungs showed caseation with giant cells, and extreme repair. In the scar tissue are alveoli lined by a single layer of cubical epithelium. In places this is thrown up into papillae and there are a few masses which appear free in the alveoli. Some chronic renal change. Cyanotic atrophy liver.

371 — *W. I. S., No. 978, Male.*—Age at death, 27. Onset of epilepsy at 10, due to a supposed head injury. Status praesens negative except for web-toes. Residence at Colony marked by an infected leg; was circumcised, and after this operation the patient removed the stitches, necessitating a second operation; bromide acne; mental disturbances; burn received during seizure. Final illness was noted four days preceding death; then had a temperature of 104 F.; several intestinal hemorrhages. Grand mal attack 50 minutes preceding death.

Autopsy showed typhoid ulcers and broncho-pneumonia, a large spleen and congested mesenteric glands. Blood taken at autopsy showed positive Widal. Spleen shows great proliferation of endothelial elements. Chronic parenchymatous nephritis. Fatty change in liver.

372 — *M. V., No. 723, Male.*—Age at death, 33 years. Onset of the patient's epilepsy at 6. Has an exhaustion paralysis of left side after attacks and sometimes loss of speech. Reflexes of the left side are exaggerated and there is ankle clonus. There is also left facial asymmetry. The patient sustained a burn during seizure and showed marked dementia. He died following a seizure.

The autopsy showed acute and chronic pachymeningitis interna hemorrhagica of the base; bronchial gland and possibly splenic tuberculosis; ecchymoses on the heart and small intestine.

373 — *I. H. B., No. 947, Female.*—Age at death 36 years. A fall at eleven months is said to have caused onset of the patient's epilepsy. There is marked dementia. The patient's residence

at the Colony was marked by an attack of facial erysipelas, and gradual failure. There was a systolic murmur at the cardiac apex. Failed but showed no physical signs.

Autopsy showed broncho-pneumonia, pleurisy, old tuberculosis with cavity formation; acute parenchymatous nephritis. Brain negative except possible sclerosis of temporal region. There is marked chronic renal change. The pituitary shows a large colloid cyst in pars intermedia; cyanophile cells numerous and the connective tissue between the acini is increased.

374 — *J. M., No. 2533, Male, Colored.*—Age at death, 26 years. Father died of liver trouble; mother had severe headaches; a sister is epileptic. Onset of the patient's epilepsy at 19 years, due to meningitis, was kicked in head by a horse when 18 and developed meningitis at 19. Is feeble-minded. Preceding seizures patient is disturbed and following them he is greatly prostrated. He had numerous attacks of serial seizures; a cervical gland "broke down," died of pulmonary tuberculosis.

Autopsy showed pulmonary pleural and intestinal tuberculosis, pulmonary edema and congestion. Brain negative. There are foci of caseation in the lungs.

375 — *L. C., No. 3459, Male.*—Age at death 16 years. Father and paternal grand-father were alcoholics. Onset of epilepsy at 39 months, said to be due to intestinal colic. Seizures are preceded by abdominal pain. Is an idiot, of micro-cephalic type. Bromide acne. Is pigeon breasted. There is some suspicion of pulmonary tuberculosis. Tonsils and adenoids large. Reflexes normal but gait slightly incoördinated; no paralysis. Died from typhoid fever after illness of fifteen days.

Brain autopsy negative. Brain weight about normal.

376 — *G. H. C., No. 379, Male.*—Age at death 26 years. Mother had headaches allied to true migraine. Patient had convulsions at age of two years with paralysis of the left side, which is first and most involved in the attacks. Tongue deviates to the right.

Was circumcised at Colony. Showed numerous attacks of confusion and suffered from acute catarrhal jaundice and from erysipelas.

Attacks described as follows: Patient complained of feeling badly in the epigastric region. Screamed loudly. Muscles of upper extremities immediately involved. Right fingers flexed on palm and right forearm flexed on arm. Left hand partly closed, left forearm flexed on arm with hand extending to head. The head was turned toward the right, with the eyes rolling up and to the right. Pupils dilated to about twice normal. Tonic convulsions immediately passing to the lower extremities; right leg flexed on thigh with the knee taking an upward posture. Left leg remained straight but was rigid. General clonic convulsions for 25 seconds, finally localizing in the right hand for about 4 seconds. Stertor lasted a half minute and regained consciousness in about four minutes, answered questions as before the attack, but left side was weaker. Died from typhoid fever.

Autopsy shows extreme right cerebral hemiatrophy, with extensive osseous transformation of the dura corresponding. Typhoid ulcers in intestines and enlarged mesenteric glands. Spleen small. Hypostatic pneumonia.

377 — *W. H. E., No. 3309, Male*—Age at death, 43 years. Father died of apoplexy. Onset of patient's epilepsy at 2 years, probable cause being spinal meningitis. Is an idiot and status praesens contains nothing of special interest. Suffered from an attack of jaundice with acute renal findings; was operated upon; recovery. Typhoid fever developed and caused death.

Autopsy showed an ilio-psoas abscess, pointing in the region of Scarpa's triangle with secondary gas producing bacillus infection. Anatomical diagnosis of typhoid negative or very doubtful; there is only the slightest hyperaemia of the Peyer's patches. Slight right hemi-atrophy. Kidneys shows slight chronic change.

378 — *F. S., No. 3219, Male*.—Age at death, 18 years. Onset of epilepsy at 6 years. Physical examination shows facial asymmetry, double talipes planus, old burn; tachycardia slight; lungs show some moist rales. Reflexes normal; no paralysis. Is a low grade imbecile. Colony residence negative. Developed typhoid fever with resulting death.

Autopsy: Brain shows numerous sclerotic foci, irregularly distributed throughout cortex; white matter in these sclerotic convolutions diminished.



376.—The result of "convulsions" followed by paralysis, at the age of two years. The condition was probably an infantile cerebral palsy or a meningitis.

379 — *B. K., No. 2697, Female.*—Age at death, 13 years. Patient developed rather slowly. Onset of epilepsy was at 2 years. Physical examination shows signs suspicious of lues; Wassermann test positive, strong. Patient's life at Colony negative till she sustained a compound fracture of the femur. This became infected on account of her lack of sphincter control, and operation was finally done but patient did not survive.

Brain autopsy showed extensive sclerosis of the left frontal cortex. There was slight to moderate ventricular dilatation.

380 — *L. S., No. 3254, Female.*—Age at death, 30 years. Maternal cousin epileptic. Patient had a fall at 10. Apparently had gonorrhea at 19 or thereabouts. At the Colony showed several periods of confusion. Gave a weakly positive Wasserman test. Ulcers and bedsores developed and the patient failed. Edema of the lower extremities developed and the urine was loaded with albumin and contained many leucocytes.

Autopsy showed a hemorrhagic pyelo — cystitis; edema and congestion of the lungs; brain negative. Chronic parenchymatous nephritis; pituitary shows considerable pars intermedia and connective tissue increase.

381 — *H. U., No. 3468, Male.*—Age at death, 25 years. Patient alcoholic. Onset of his epilepsy was at six. Feeble-minded. Was found dead with face in water at the edge of the creek.

Autopsy showed no sign of drowning. There was some pulmonary congestion and thymus was present. Brain showed slight ventricular dilatation.

382 — *F. A., No. 2129, Male.*—Age at death, 14 years. Father was alcoholic. Patient had convulsions at 5 months of age but onset given as at 5 years, when he apparently was in convulsions for more than a half day; shortly after this period he passed an intestinal worm, which is the assigned cause of the disease. Physical examination shows facial asymmetry. While in Colony he had a febrile attack of short duration with peculiar rash. Also had an attack of status. Was mischievous and unruly. Died after the eleventh of a series of attacks (status?).

Autopsy showed the presence of a thymus gland; there is a splenic tumor, an endothelioma and pulmonary congestion.

383 — *D. B., No. 3102, Female.*—Age at death, 17. Onset at 10 years. Shows marked internal strabismus. Imbecile. Died from pulmonary edema following seizures.

Autopsy showed moderate ventricular dilatation; heart small. Thymus present.

384 — *A. M., No. 3037, Male.*—Age at death, 53 years. Mother tubercular; heart disease among paternal relatives. Kicked by horse at age of six years, injuring head. Onset at 28. Facial asymmetry. Physical examination negative except for depressed scar over right eye. The patient was confused, disorientated and demented. Contracted typhoid fever and died.

Autopsy: There were slight adhesions under the scar above mentioned. Brain was otherwise negative.

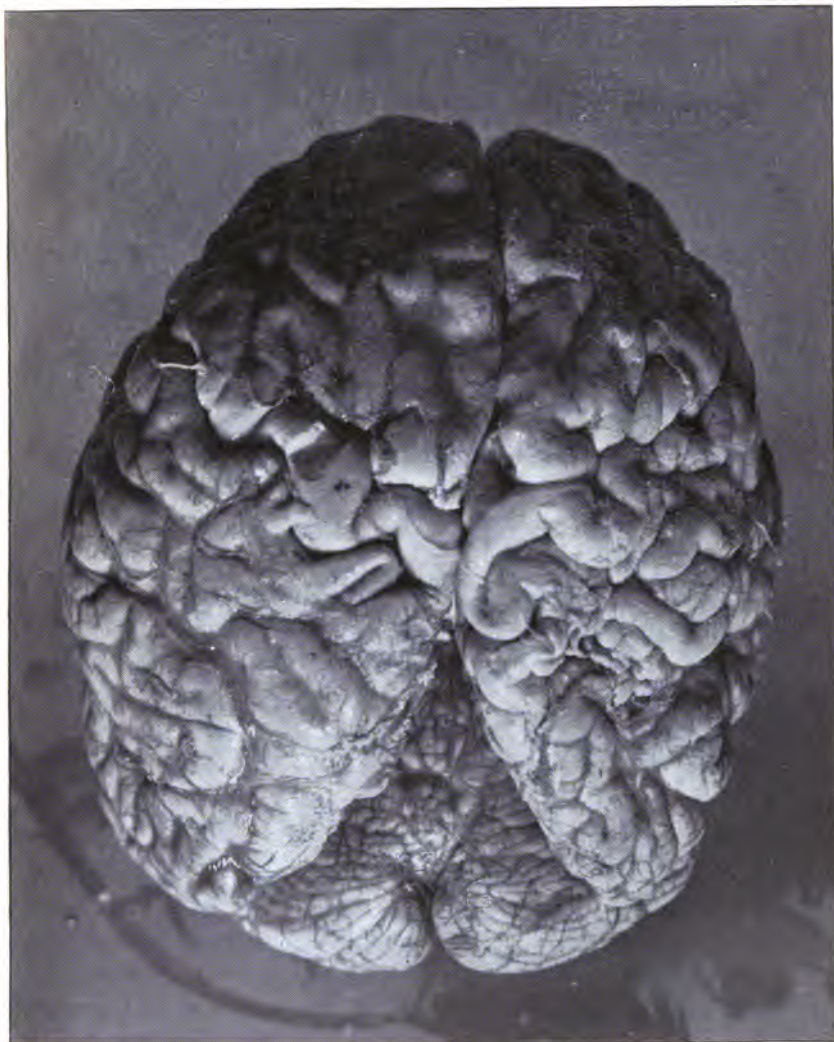
385 — *E. C., No. 2248, Female.*—Age at death, 31. Mother said to have died of neurasthenia, was hysterical and insane. Maternal grandmother very nervous. At 16 she had typhoid fever followed by pleurisy and some sort of kidney disorder. Onset at this time. Mentally fair on admission and physical examination negative. This patient suffered from mental disturbances and confusions; had pneumonia and later scarlet fever; died of pulmonary edema following status.

Autopsy showed slight atrophy of the left temporal lobe. Marked enteroptosis; pulmonary congestion; cloudy swelling of kidneys, and chronic change. Excess cyanophilic elements in pituitary.

386 — *F. T., No. 3041, Male.*—Age at death, 38 years. Maternal uncle alcoholic. Led an irregular vagrant life and is himself an alcoholic. Onset of epilepsy at 33. Physical examination negative. Wasserman negative. Colony life uneventful till one day he went fishing without permission and was found dead in the creek a few hours following.

Autopsy showed that death was not due to drowning. Few petechial hemorrhages on brain.

387 — *F. L. S., No. 3529, Male.*—Age at death, 40 years. Paternal cousin is a deaf mute. Onset at 16, but was not fully aware of his condition till 23, as the seizures were nocturnal up to this time. Aura of fear. Right side of head most often affected. Slight bronchitis. Mentally fair. A short time after arriving at Colony, the patient became confused and violent, with



- 390.—“Brain and spinal trouble” assigned as cause of this patient’s epilepsy. Such vague histories make the correlation of clinical and anatomical data very difficult.

high temperature. Marked pulmonary edema, with general cyanosis; death.

Autopsy showed dislocation of clavicle and fractured rib. Lungs edematous. Some sub-peritoneal ecchymosis of colon, nothing on skin to correspond. Some free blood over left occipital cortex.

388 — *M. A. K., No. 1327, Female.*—Age at death, 36 years. The patient's mother had fainting spells after the birth of her first child; migraine once a month. Onset in patient at child-birth (21 years). Has had puerperal insanity. Is alcoholic (?). While at Colony recovered from an attack of enteritis. Underwent two operations for pelvic conditions, the first bringing improvement which lasted some time. Failed and developed delusions; mental confusions common. Systolic murmur at the cardiac apex recognized; tuberculosis of both apices; symptomatic parotitis developed and the patient died in active delirium.

Autopsy: Hypostatic congestion; one focus of tuberculosis in one lung. Acute purulent parotitis. Possible left temporal atrophy.

389 — *G. P. B., No. 1530, Male.*—Age at death, 30 years. Paternal grandfather died of apoplexy, a brother alcoholic. Onset of epilepsy in patient at 17. Is insane and has persistent delusions that he is cured. Indulgence in tobacco to excess is cause of serial seizures, which were common. Patient was found dead.

Autopsy showed some localized atrophy of cortex. Some dilatation of ventricle of right heart. Pulmonary congestion and edema. Thymus present.

390 — *H. II., No. 2219, Male.*—Age at death, 30 years. Onset at 12. Is said to have had brain and spinal trouble as the cause. Occasionally slight Babinski. Is an epileptic imbecile.

Autopsy showed high hemi-atrophy, with localized atrophy in the upper parietal region, possibly involving the posterior central convolution. A small brain, weighing 868 grams.

391 — *E. W., No. 1892, Male.*—Age at death, 48 years. The half-uncle on father's side was epileptic. A fall in infancy injuring head was followed by brain fever. Onset at 35; second attack four years following. While at Colony had an infection of all the salivary glands on one side. Colony life otherwise

negative till the terminal event, namely, he was stabbed with a pocket knife by a fellow patient and died of hemorrhage.

Autopsy limited to the wound showed both walls of the ascending aorta were perforated.

392 — *R. B., No. 3123, Male.*—Age at death, 42 years. At 13 the patient received a bullet wound of skull. Now shows a depressed scar at site of injury. At about 34, had sore on penis; paralysis at 36. Onset variously stated as at 20 or as at 37. Is alcoholic. Shows facial and thoracic asymmetry, is a left hemiplegic. Mentality fair.

Autopsy shows extensive adhesions and destruction of the right frontal region and thinning of the under portion of the right temporal lobe. There is an osteoma of falx.

393 — *T. S., No. 2922, Male.*—Age at death, 15 years. One uncle epileptic. Night terrors during second year and onset at this age. Puny child. Visual aura (?). Mongolian type (?) of eyes. Fair mentality. Failed. Died of typhoid fever.

Autopsy: The brain was negative except for narrowing of the convolutions.

394 — *T. R., No. 2973, Male.*—Age at death, 26. Sustained a fall at 19 years, immediately after which occurred the first seizure. Is alcoholic. The tibiae are roughened. Head asymmetrical. No paralysis recognized at initial examination. Right pupil larger than left. Right eye almost blind. Left hand is the stronger, though patient is right handed.

While at Colony patient had a large number of seizures and following one set, he showed signs of a right sided paralysis. There was facial hemiparesis later. Another cerebral hemorrhage occurred later, following which he died.

Autopsy showed old hemorrhagic deposit and compression of the anterior portion of the right cerebrum by fresh hemorrhage.

395 — *M. K., No. 3062, Male.*—Age at death, 11 years. Maternal aunt had an attack of melancholia. Father was luetic. Patient shows slight roughening of tibial crests but otherwise physical examination negative. Feeble minded. Wassermann negative. Was found dead.

Autopsy showed persistent thymus but otherwise negative.



392.—The result of trauma, 29 years before death. Patient was mentally "fair."

396 — *W. S., No. 3469, Male.*—Age at death, 13 years. Father alcoholic. Onset at 4 1/2 months. The patient is a microcephalic idiot, with paralysis of the lower extremities. At the Colony the patient suffered from erysipelas and typhoid fever, causing death.

Autopsy: The temporal lobes were of uneven thickness and there was a softening focus in the left lenticular nucleus.

397 — *T. H. A., No. 2301, Male.*—Age at death, 63 years. Father a suicide while insane. Trauma to head at 28. Onset at 43. Dizzy spells followed fall and probably represented an earlier onset. Patient had a cataract of the left eye, which was removed. In the accident this eye was injured and later had to be removed. Later the other eye failed. No paralysis. Patient showed confusions, hallucinations and delusions. Died suddenly.

The autopsy revealed a brain showing senile changes. There was softening on the under surface of the right temporal lobe.

398 — *K. J., No. 2475, Female.*—Age at death, 35. Father and paternal grandmother were epileptics. Maternal cousin insane. Was a puny baby. Had trouble (?) with left foot when small. Physical examination reveals complete left hemianaesthesia and hemiplegia, without atrophy. Onset of epilepsy was at 15, cerebral hemorrhage being the assigned cause—no data. Note is made of an exhaustion paralysis after attack. Later notes report the paralysis as right sided, with rotary nystagmus. Patient had status and died of pneumonia.

Autopsy shows right pachymeningitis hemorrhagica interna of anterior and middle fossa. Left internal hydrocephalus. Tumor of base at region of left flocculus, in size about 1.5 c. m. diameter. Slight chronic renal change.

399 — *G. E. D., No. 2695, Male.*—Age at death, 12 years. Had two attacks of meningitis at four years of age, onset of epilepsy following the second. Shows rachitic rosary and the station and gait of Pott's disease. Is tubercular. Died from exhaustion following seizure.

Autopsy: Brain shows very moderate dilatation of the lateral cerebral ventricles.

400 — *E. A. F.*, No. 2277, *Female*.—Age at death, 26 years. Maternal aunt had “spasms of some sort.” Patient had a fall at 11. Onset at 13. Is feeble-minded and is frequently mentally disturbed.

Brain autopsy was negative.

401 — *M. E. B.*, No. 2852, *Female*.—Age at death, 42 years. Onset at 6. Patient’s right hand sometimes becomes numb. Is tubercular.

Autopsy shows cysts (small) in the tip of the left temporal lobe and under the right olfactory bulb.

402 — *C. H.*, No. 2297, *Male*.—Age at death, 15 years. Patient was born by an instrumental delivery. Onset at 8. Is said to have exhaustion paralysis of left side. Tongue was found to deviate to the right and the position of the right hand and the movement of the right foot were clumsy. The patient had several series of attacks and in the terminal one, which was very long developed had a choked disc; on account of this pressure symptom, a decompression was done without avail and patient died soon after.

Autopsy: Brain presented right temporal atrophy and signs of compression. Asymmetry of cranial base.

403 — *C. E.*, No. 2932, *Female*.—Age at death, 17 years. Onset at 12. Patient is an idiot with asymmetrical head.

Autopsy shows brain suggestive of right hemiatrophy.

404 — *M. F.*, No. 3345, *Female*.—Age at death, 48 years. Onset at 19, during first pregnancy. At some unknown time, is said to have had a stroke of apoplexy on left side. Shows slight right ptosis, and a slight flaccid paralysis of whole left side. Is a feeble-minded dement. Progressive cachexia terminated in death.

Autopsy: There was pachymeningitis interna acute and softening foci in both cerebral hemispheres. There was hemorrhagic focus in right frontal region, made up of numerous petecchial hemorrhages.

405 — *E. C. L.*, 3267, *Male*.—Age at death, 50 years. Brother and niece have asthma. Patient was a teacher. Onset of disease at 43, although convulsions did not commence till 46 or 47. Eye grounds congested. Is tubercular. Neurological examination



398.—Case showing tumor of base. Section shows internal hydrocephalus' affecting the left hemisphere most markedly.

negative. Aneurism like bruit in subclavian region. Died suddenly.

Autopsy showed no circulatory condition, except atheromatous lesions of aortic bulb. Brain tumor glioma. Cerebral hemorrhage. Dural osteoma. Pituitary shows marked fibroid change producing compression.

406 — *M. V., No. 2223, Female.*—Age at death, 49 years. Mother epileptic and father alcoholic. Onset at 17. Cannot turn tongue to left. Residence at Colony uninteresting. Found dead.

Autopsy showed apoplexy and cerebral asymmetry. Mitral valves show sclerotic areas. Caseated bronchial glands. Brown atrophy of heart. Chronic nephritis.

407 — *S. D. S., No. 2103, Female.*—Age at death, 46 years. Father was of nervous temperament. Chorea at 11. Underwent various pelvic operations. Onset of epilepsy at 34. Right pupil is slightly larger than left and the vision on the left is poor. During her residence at the Colony, she presented at various times enteritis, pseudo anginal condition, a mitral murmur and mental disturbances. She died of tuberculosis.

Autopsy: Considerable sub-arachnoid fluid. Slight asymmetry of brain.

408 — *H. R., 1926, Female.*—Age at death 14 years. Paternal grandmother had paralysis agitans (?). Maternal grandfather had fits in youth. Mother had spasms till puberty. Patient was born at an instrumental labor and suffered night terrors in infancy. Onset at about 18 months. Head suggests hydrocephalus. Is an idiot. Found dead.

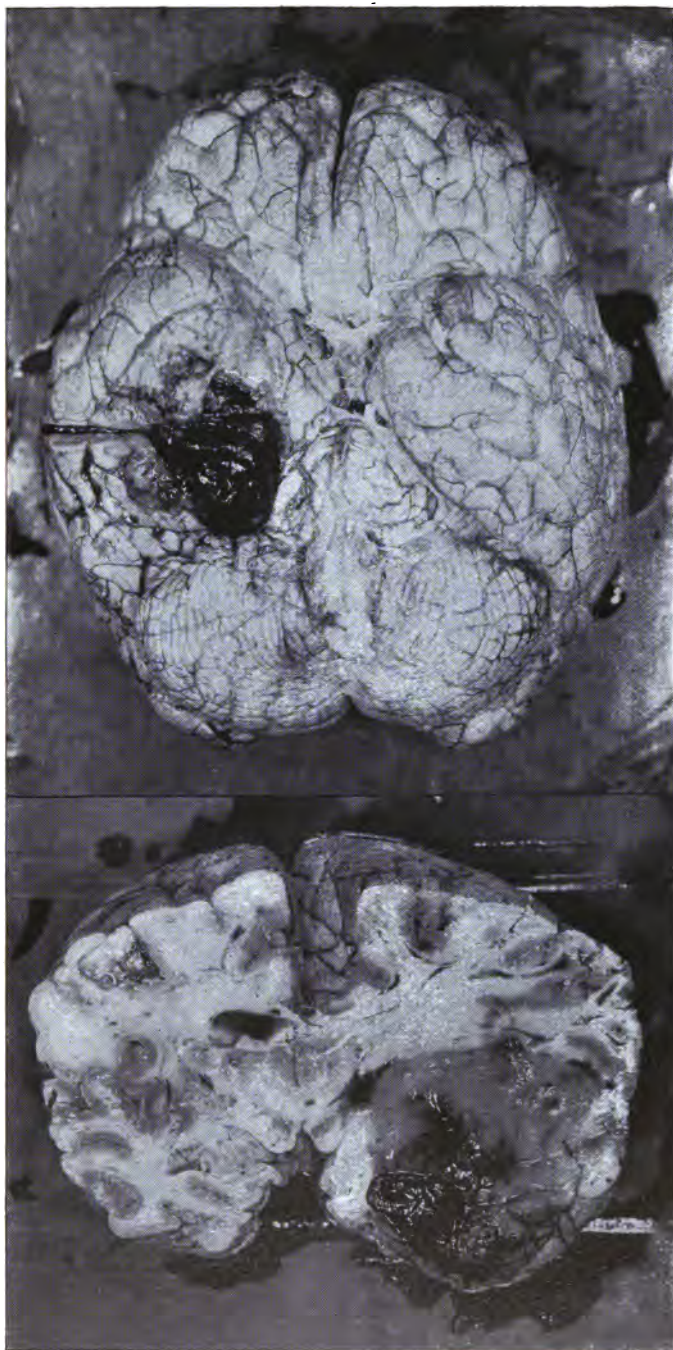
Autopsy: Brain large for size of body but not above normal weight. Is about two times the weight of the liver. Brain negative except possibly being macrocephalic.

409 — *C. L. G., No. 2596, Female.*—Age at death, 42 years. Father was alcoholic and the mother was diabetic. Patient had a fall at 18 and is said to have had first seizure at this time. Another statement makes fall occur at 8. First seizure a faint, convulsion beginning with birth of her child, which is said to be feeble-minded. Patient was a cigarette smoker and suffered from gonorrheal arthritis. Was found dead.

Autopsy was negative except for large stomach, with condition resembling hour glass shape.

410 — *A. J., No. 3068, Female.*—Age at death, 20 years. Father and mother were alcoholic. Patient is said to have been kicked at the age of six months by the father. Sustained a fall at $2\frac{1}{4}$ years, injuring head. Onset of epilepsy at 15, though patient states that her grandmother has told her that she had spells in infancy. Is hydrocephalic, shows a slight strabismus and an hemianopsia. Urine shows faint trace albumin. High grade imbecile. Colony residence uninteresting. Terminal illness began as an acute nephritis; edema, petechial hemorrhages in skin; optic atrophy, and nystagmus.

Autopsy showed extreme internal hydrocephalus; kidneys only slightly cloudy both gross and microscopical.



405.—Tumor and hemorrhage therefrom, causing sudden death.
There was an adenoma of the pituitary in this case.

THE ANNUAL REPORT OF THE STEWARD.

SONYEA, N. Y., October 1, 1912.

To the Medical Superintendent:

I have the pleasure to hand you herewith the Nineteenth Annual Report of the Steward of Craig Colony, for the year ending with September 30, 1912; also two copies of the inventory of personal and real estate belonging to the State of New York at the Colony on hand at the date of this report. This inventory is made in accordance with the State Charities Law, and rules and regulations made by the Fiscal Supervisor of State Charities.

The total value of real and personal estate on hand October 1, 1912, is \$1,108,121. In comparing this inventory with the inventory of 1911, there is a decrease in valuation of \$7,072.37. This decrease in valuation is due to the fact that on October 1, 1911, we had a large quantity of coal on hand, at the present time we have none to speak of. The reason for not having a large supply of coal on hand at this time is due to the failure of the last Legislature to make an appropriation large enough so that we could purchase coal for the coming winter. One other reason for the decrease in valuation is that in 1911 we had a large quantity of brick on hand. There has been no increase in real estate, for the reason that there has been no special fund appropriation expended for buildings. We have at the present time two buildings under construction that will add to the valuation of real estate next year.

Farm.

In some respects the season has seemed unfavorable for farming operations, but when compared with former years the results are encouraging. Up to October first we had no frost to injure growing crops. We have the largest apple and fruit crop we have had for years. All kinds of garden truck are good with an abundant supply for the winter months and the prospect of a large crop of potatoes.

There is a condition confronting the Colony and that is the absolute lack of storage facilities. There is not an available inch of storage facilities in which to hold the surplus apple, potato and vegetable yield, for which there is no immediate use, but will be needed before the time of growing fresh vegetables again. Last season large quantities of vegetables were lost by freezing, and we were indirectly criticized for charging off the stock books these amounts.

Considerable work draining land has been done during the year. All the brush along the Spring Brook has been cut, burned or hauled away. There is considerable rough land left where this brush stood; the Spring Brook divides Kishaqua and Grange Field; it has no surface water except in rainy weather. If large tile, 18 or 20 inches in diameter, are laid the rough land can all be made smooth, and in uniting Grange Field it will be one of the finest pieces of farming land on the Colony. We need about \$1,000 for drainage purposes to be expended next season.

South Farm.

Again I desire to call attention to the necessity of having a house and barn on the South Farm. The house could be constructed so as to care for a number of male patients to work on the farm; the barn to store hay and fodder for stock kept there. As it now is all the hay and grain is hauled to the lower part of the farm where the barns are, and none of the manure taken back. Notwithstanding large quantities of commercial fertilizer are used on this part of the farm the system impoverishes the soil.

Horse Barn.

The present horse barn roof, floor, stalls and mangers are all in a dilapidated condition and need renewing. The barn is so small that we are obliged to stable seven horses in the old shed in the cow barn yard, the barn being so small that it keeps one team and two men busy at least one day in the week the year around, hauling fodder and bedding from other barns to it. I would suggest that an appropriation be asked for to build a new horse barn on the east end of the present barn, with a basement for storage of farming tools. The barn should be high enough to hold all the hay that will be required to feed the horses for twelve months.



Farm Barns, with some Employees' Cottages. Walrath and Gleaners Cottages for male patients who are farm workers.

Brickyard.

On account of installing new machinery so that we might be able to make shale brick, agricultural tile and paving brick, we have not manufactured any soft mud clay brick this summer. We had about 400,000 unburned brick left over from last season that have been burned so that we have been able to supply contractors with all of the brick that they require, and have on hand at the present time about 250,000 number one hard brick, and 50,000 unburned shale brick.

We have installed during the summer a Union Auger brick and tile machine, and a dry pan for crushing shale so that we may make shale paving brick for paving the Colony roads, and by changing the dies this machine will make agricultural tile. The machinery necessary for this kind of work is not yet completed, as we find that we will need a 20-foot pug mill, an elevator and some necessary equipment for sifting the shale. During the summer, the brickmaker, together with the Steward and Superintendent, visited the Corning Brick and Terra Cotta Works, also the Eisenhart Brickyards at Horseheads, and the brickmaker visited the Olean Shale Brick Works. These visits of inspection were made for the purpose of procuring all the information that we could relative to machinery and appliances for making paving brick.

After setting up the Auger machine, and dry pan we made 50,000 shale brick, but on account of not having the facilities for screening the shale and not near enough pug-mill room for pugging the clay, we have found it absolutely necessary to install a pug mill twenty feet long, an elevator and sieve. This pug mill, elevator and sieve installed will cost about \$1,000. If there is no appropriation that is available to purchase these machines at the present time, it will be necessary to ask the Legislature for an appropriation of about \$1,000 for additional machinery for the brickyard before we will be able to make any agricultural tile or paving brick. We have been advised by good authority that the shale at the Colony will make the very best of paving brick and tile if properly prepared. In view of the fact that the Colony has a good many miles of private road that will have to be constructed from year to year, and hundreds of acres of land that

need draining, it seems to us that an appropriation sufficient to cover the cost of putting in a complete shale brick and tile manufacturing equipment will make this one of the most important and profitable industries of the Colony.

There has been some criticism of our brickyard relative to the debit and credit accounts. The brickmaker makes the steward a report at the end of each month showing the number of brick made, the number of brick burned, the number of brick sold, and to whom they are sold and the number of brick delivered for Colony work, and the place where they were delivered. All brick sold from the yard is on orders, consecutively numbered by the Steward and O. K'd by the Medical Superintendent, a stub of which is in the Steward's office and the original order in the hands of the brickmaker. An account is kept in the Steward's office, made up from the monthly reports of the brickmaker showing to whom the brick were sold and the price received. There is no account charging the brick yard with the salaries of the brickmaker and employees other than the regular pay roll. The coal is estimated for and purchased for burning brick and an account kept of it. There is no general account showing the value of the work of the team employed there or elsewhere, or value of the hay and grain fed, the value of the labor of the patients who work there, and no account of the value of the provisions consumed by the patients at their noon-day meal in the brickyard, and we see no reason why there should be unless an account is also kept of the work of teams, employees and patients that work in the garden, on the farm, in the forests, in the dairy, in the piggery, the tailor shop, sewing room, laundry, house-keeping, mending, or making beds. The brick yard men and teams do a great deal of work outside of making brick, more than the cost of their maintenance.

There is an account kept in the brick yard by the brickmaker showing the number of hours taken to burn each kiln and the number of hours' work of each patient in the yard, the amount of hay and grain used by the horses, the number of days that the team and employees, and the brickmaker have worked other than making brick and the place where they worked. All of this can be ascertained by consulting the books kept in the brickyard. We never have charged the brickyard with the cost of maintenance of



Sitting room in one of the small cottages for female patients.

team or patients, no more than we have charged to the farm the cost of team, *employees* and maintenance, but have charged the brickyard for *employees* and fuel; neither have we ever credited the brickyard with the amount of work that they have done outside of making brick, for the reason that we consider the amount of work that they have done other than making brick amounts to more dollars to the state, than the cost of the hay, grain and value of the work of the team, and provisions for the noon-day meal while patients are working in the yard.

Maintenance.

The daily average number of patients cared for during the year was fourteen hundred thirty-three and 65/100, (1,433.65), which is an increase over last year of fifty-two and 53/100, (52.53). The total expenditure for maintenance, including home product consumed at values shown by our monthly reports to the fiscal supervisor, was three hundred and five thousand two hundred sixty-one dollars and seventeen cents, (\$305,261.17). or two hundred twelve dollars and ninety-two cents (\$212.92), for the care of each patient.

The total amount of money drawn from the state treasury for maintenance of the institution was two hundred seventy-two thousand, six hundred fifteen dollars and thirty-five cents (\$272,615.35). This represents the actual cost in money for the maintenance of the Colony, but there was refunded money received from various sources amounting to twenty thousand five hundred ninety-two dollars and sixteen cents, (\$20,592.16), which reduces the actual cost to the taxpayer to two hundred fifty-two thousand twenty-three dollars and ten cents, (\$252,023.10), or a net per capita cost of one hundred seventy-five dollars and seventy-nine cents, (\$175.79), which is an increase over last year of fifty-four thousand six hundred fifty-three dollars and eighty cents, (\$54,653.80), or thirty-one dollars and twenty-nine cents (\$31.29), per capita.

It will be seen that the increase per capita of the total amount drawn from the state treasury, is twenty-dollars and fifty-six cents, (\$20.56), while the cost to the taxpayer is increased thirty-one dollars and twenty-nine cents, (\$31.29), per capita. This increase in cost of maintenance is due to various causes.

First. Formerly we have had special fund appropriations for necessary repairs and equipment, but it is the present policy of the fiscal supervisor that all repairs, equipment, etc., be purchased from general fund appropriations, consequently increasing the maintenance expenditures.

Second. Last year some of the counties, (Greater New York), reimbursed the state for two years' clothing accounts, one year of which was due in 1910.

Third. There has been an actual per capita increase of five dollars and seven cents, (\$5.0794), in estimates 1 and 2, (pay roll); estimate 4 (provisions), increase \$7.0715, and estimate 7, (fuel and light), increase \$4.41.

The following table shows the total cost of maintenance including home products consumed. The amount drawn from the state treasury and refunds. The net cost of maintaining the institution for the year, also the per capita costs of the twelve divisions of general fund estimates.

The daily number of patients cared for during the year was	1,433.65
The total cost of maintenance, including home product consumed was	\$305,261 17
The per capita cost was	212 92
The total amount drawn from the State treasury was	272,615 35
The per capita cost was	190 15
The total amount refunded from all sources was	20,592 16
The net cost to the State was	252,023 10
The net per capita cost of maintenance was	175 79

The per capita cost of divisions of maintenance, without home product, but including actual cash expenditures, as shown by paid vouchers:

Estimates Nos. 1 and 2. Wages and labor	\$73.8231
Estimate No. 3. Expenses of managers . . . . .	.8936
Estimate No. 4. Provisions	54.7725
Estimate No. 5. Household stores	8.4246
Estimate No. 6. Clothing	12.0756
Estimate No. 7. Fuel and light	15.2276
Estimate No. 8. Hospital and medical	2.2276



Patient's room in one of the small cottages for female patients.

Estimate No. 9. Shop, farm and garden.....	\$13.7099
Estimate No. 10. Ordinary repairs	3.4085
Estimate No. 11. Transportation of inmates ....	.1414
Estimate No. 12. Miscellaneous	5.0272

Total average gross per capita cost.....	\$190.1541
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There is considerable being said recently about the high cost of living, so it may be of interest to know just what the per capita living expenditures have been at the Colony each year for ten years, which includes medical care and everything required for maintenance. Beginning with the fiscal year ending October 1, 1902, the per capita cost of maintenance, also provisions separate from maintenance, was:

	Maintenance with home products.	Provisions ex- clusive of home products.
October 1, 1902	\$186.59	\$45.12
October 1, 1903	195.54	43.64
October 1, 1904	194.54	41.492
October 1, 1905	185.17	43.791
October 1, 1906	182.32	40.465
October 1, 1907	190.59	42.295
October 1, 1908	206.779	47.055
October 1, 1909	198.204	47.844
October 1, 1910, (2 years' supply coal)	219.42	47.833
October 1, 1911	193.39	47.701
October 1, 1912	212.92	54.7725

Dairy.

It is a matter of regret that the appropriation asked for last year to build a modern stable for dairy cows was not granted by the Legislature, as we believe the State in its institutions should own the most modern appliances, utensils, buildings and materials in its operations; but we are very thankful for an appropriation sufficiently large to repair the old stables, so that partially at least we may be able to take better care of the dairy and its products. We have also received an appropriation of \$5,000 to build a new barn to take the place of the old yellow, grain barn that has been condemned and will be razed to the ground during the coming winter.

The dairy has produced 14,582 pounds more milk this year than last. The average cost of producing a pound of milk has been \$.0148; the cost of producing one pound of milk last year was \$.0106 or \$.0042 less than this year. The increased cost is due to the increased cost of grain purchased and the price fixed by the Fiscal Supervisor's department on all home products. The price of home product hay, ensilage and rough fodder fed to cows is \$1,406.50 more this year than last.

The picture of the cow accompanying this report is the "Queen of the Valley". She is twenty years old. We placed her picture in our report in 1903 as being the type of a dairy cow that is best suited for institutional dairies. In 1903 she gave over ten thousand pounds of milk; whenever her milk has been tested it was never below 4 1-2% of butter fat. We have kept this cow to the present time and raised all her heifer calves. She is the mother, grandmother, great grandmother, and possibly the great, great grandmother of a large percentage of the cows in our herd. She has not had a calf in several years, and is producing at the present time about sixteen pounds of milk per day.

In this instance the herd of dairy cows at the Colony has been improved and made an ideal herd by having not only good sires but a good dam at the head of it.

Dairy Receipts, 1912.

Milk produced was 232,892 quarts or 465,784 pounds worth	\$10,480 14
Dairy cows killed for beef, 2,271 pounds, worth..	170 32
Beef and veal hides sold, worth	69 88
Total receipts	\$10,720 34

Cost of Production.

Grain bought, 81 tons	\$2,383 95
Home product, hay, ensilage, etc.	3,541 00
Salary of dairyman	620 00
Wages of assistant	360 00
	\$6,904 95
Leaving net proceeds of dairy.....	3,815 39



"Queen of the Valley,"—20 years old. Has record of 10,000 lbs. of milk in twelve months, tested 5% butter fat.

Hogs.

Last year we reported that "this department of agriculture is one of the most profitable that we have." This year we are obliged to report that the swine industry is one of the most unprofitable of any of the departments of agriculture. The reason is that nearly all of our herd of hogs died of swine plague, or hog cholera. The department of agriculture assisted us some and advised us more, and through the serum treatment administered by Dr. Milks, and his representatives, of Cornell university, or some other cause, we stamped out the disease and a few of our hogs did not die. We hope by good management to build up the herd to its old standard of excellency.

Hogs killed and used for provisions, 29,587	
pounds	\$2,958 70
Lard, 2,508 pounds	250 00
Pigs sold	54 00
	<hr/>
Total	\$3,263 50
Salary of caretaker	\$420 00
Cost of feed purchased	1,977 25
	<hr/>
	2,397 25
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Net profit	\$866 25
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Laundry.

The last legislature made an appropriation for machinery to complete the equipment, and we have purchased one 120 inch mangle; one metallic truck dry room; one 30 inch collar and cuff ironer; one metal inner cylinder washer; four solid curb extractors; one starch extractor; one cuff press; one spray dampener; one seam dampener; one collar shaper; one hot tube ironer; one edger; one dampening press; one 36-inch reverse body ironer; one curtain truck; one air compressor. These machines have not been installed but we expect they will be very soon.

Soap Manufactured.

The last legislature made us an appropriation of one thousand dollars for additional soap machinery. The machinery has all been purchased and will be installed very soon. We expect to

make not only the laundry soap used in the laundry but all the soap used at the Colony, including toilet and scouring soap.

Neutral soap chips, 20,270 pounds.....	\$1,216 20
Scouring soap, 1,250 pounds.....	75 00
Total	<u>\$1,291 20</u>

Summary of Industries.

Blacksmith shop.—Work done by patients with one paid foreman	\$940 18
Brickyard.—Work done by patients with one paid foreman and two paid employees.....	700 00
Carpenter shop.—Work done by patients with two paid employees	4,306 72
Dressmaking department.—Work done by patients with two paid seamstresses.....	4,007 16
Laundry soap plant — Work done by patients with assistance of laundry man.....	1,291 20
Mattress shop.—Work done by patients with one paid foreman	2,548 90
Paint shop.—Work done by patients with two paid employees	1,882 75
Printing shop.—Work done by patients with one employee	938 65
Plumbing shop.—Work done by patients with two paid employees	2,124 26
Shoe shop.—Work done by patients with one paid employee	864 80
Sloyd school.—Work done by patients with one paid foreman	295 20
Tailor shop.—Work done by patients with one paid employee	3,495 58
Total	<u>\$23,395 40</u>

Miscellaneous Sales.

Brick	\$223 60
Carboys	10 00
Hotel rent	120 00
Ice	49 62
Laundry machinery	25 00
Pelts, hides, etc.	69 88
Pigs	54 00
Rags, scrap iron, etc.	264 06
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Total	\$816 16
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Accounts of Farm, Garden and Dairy.*Credits.*

Apples, 200 bu.	\$150 00
Apples, 1,000 bu. (estimated)	750 00
Alfalfa, green, 69½ tons (estimated)	1,181 50
Alfalfa, green, 3 tons	25 00
Alfalfa, cured, 6 tons	102 00
Asparagus, 2,459 lbs.	196 72
Beans, 50 bu.	100 00
Beans, string, 8,890 lbs.	177 80
Beans, lima, 1,000 lbs.	30 00
Bean fodder, 4 tons (estimated)	40 00
Beef, 2,271 lbs.	170 32
Beets, 25 bu.	12 50
Beets, 800 bu. (estimated)	400 00
Cabbage, 10,000 lbs. (estimated)	50 00
Cabbage, 13,244 lbs.	66 22
Carrots, 110 lbs.	85
Carrots, 15,000 lbs. (estimated)	122 50
Cauliflower, 430 lbs.	4 30
Cauliflower, 1,000 lbs. (estimated)	10 00
Celery, 2,207 lbs.	110 35
Celery, 12,000 lbs. (estimated)	120 00
Cherries, 184 qts.	14 72
Currants, 154 qts.	12 32

Chickens, 252 lbs.....	\$45 86
Corn fodder, 5 tons.....	17 50
Corn, green, 5,035 lbs.....	50 35
Cucumbers, 2,642 lbs.....	29 60
Cucumber pickles, 1,135 lbs.....	34 05
Eggs, 993 doz.....	248 25
Egg plant, 450 lbs.....	13 50
Ensilage, pea, 90 tons (estimated).....	215 00
Ensilage, 750 tons (estimated).....	2,632 50
Grass seed, 16 bu.....	20 00
Hay, timothy, 50 tons.....	900 00
Hay, timothy and clover mixed, 177 tons.....	2,476 00
Kohl rabi, 5,000 lbs. (estimated).....	100 00
Lard, 2,508 lbs.....	250 80
Lettuce, 5,000 lbs. (estimated).....	1,661 30
Milk, 232,892 qts.....	10,480 14
Musk melons, 1,040 lbs.....	26 00
Oats, 4,000 bu.....	1,800 00
Onions, 126 bu.....	126 00
Onions, green, 4,115 lbs.....	82 30
Onions, 300 bu. (estimated).....	300 00
Parsley, 99 lbs.....	2 97
Parsley, 100 lbs. (estimated).....	15 00
Parsnips, 20,000 lbs. (estimated).....	200 00
Pears, 10 bu.....	10 00
Peas, green, 2,670 lbs.....	40 04
Peppers, 720 lbs. (estimated).....	36 00
Peppers, 200 lbs.....	10 00
Plums, 20 bu.....	20 00
Pork, 29,587 lbs.....	2,958 70
Potatoes, 236 bu.....	138 00
Potatoes, 6,000 bu. (estimated).....	3,600 00
Radishes, 10,601 lbs.....	265 02
Raspberries, red and black, 1,093 qts.....	87 44
Rhubarb, 1,956 lbs.....	39 12
Rye, 744 bu.....	548 00
Sage, 150 lbs.....	7 50
Salsify, 15,000 lbs. (estimated).....	300 00
Spinach, 5,397 lbs.....	188 00

Squash, Hubbard, 5 tons (estimated).....	\$100 00
Squash, summer, 13,070 lbs.....	130 70
Straw, 160 tons.....	1,640 00
Strawberries, 950 qts.....	76 00
Tomatoes, 19,275 lbs.....	192 75
Tomatoes, 20,000 lbs. (estimated).....	200 00
Turnips, 30,000 lbs. (estimated).....	300 00
Veal, 214 lbs.....	23 54
Wheat, 1,700 bu.....	1,700 00
Lumber, hard and soft, 28,000 ft.....	700 00
Firewood, 110 cords.....	340 00

Total	\$39,276 42
Miscellaneous sales	347 48

Total credit	\$39,623 90
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Farm Debit.

Arsenic, 200 lbs	\$7 50
Alfalfa, green, 3 tons.....	25 50
Boar	16 00
Bran, 47 tons, 554 lbs.....	1,278 40
Clover seed	259 00
Corn feed, 1,825 bu.....	1,653 00
Corn meal, 8 tons.....	227 78
Corn, cracked, 43½ tons	1,336 13
Corn seed, 29½ bu.....	36 87
Copperas, 1 ton.....	17 00
Copper sulphate, 2,100 lbs.....	126 00
Eggs, 18½ doz.....	4 63
Ensilage, 500 tons.....	1,750 00
Farm and garden implements.....	1,478 20
Fertilizer, 52 tons.....	1,272 20
Gluten meal, 34 tons.....	927 75
Grease, axle, 175 lbs.....	7 20
Hay, 222 tons.....	3,126 00
Hellebore, 10 lbs.....	1 20
Horses, 2	450 00
Lime solution, 200 gals.....	100 00

Lime hydrate, 2 tons.....	\$25 00
Lime, 6 bbls.....	7 20
Lime, agricultural, 20 tons.....	88 00
Malt sprouts, 14 tons.....	349 29
Middlings, 48,615 lbs.....	704 82
Milk, 16,015 qts.....	717 35
Miscellaneous farm and garden seeds.....	485 88
Oats, 2,009 bu.....	904 05
Oat seed, 295 bu.....	132 75
Oil meal, 29,100 lbs.....	578 33
Paris green, 50 lbs.....	8 25
Posts, fence, 1,000.....	190 00
Potatoes, seed, 734 bu.....	1,027 60
Repairs to tools and harness.....	208 81
Rye seed	187 50
Rape seed, 100 lbs.....	6 50
Sal soda, 375 lbs.....	276 00
Salt, 5,450 lbs.....	27 25
Salt, commercial, 20 tons.....	90 00
Screenings, 2,578 lbs.....	25 78
Sawing lumber	112 00
Soap, whale oil, 50 lbs.....	4 50
Straw, 124 tons.....	1,240 00
Threshing	116 54
Twine, 675 lbs.....	46 91
Veterinary services and medicines.....	139 98
Wages	6,266 29
Wheat seed, 158½ bu.....	158 50
Wire, fence, 700 lbs.....	13 65
Total debit	<u><u>\$28,239 09</u></u>

Recapitulation of Farm, Garden and Dairy Products.

Value of products raised and miscellaneous sales..	\$39,623 90
Cost of production.....	28,239 09
	<u><u>\$11,384 81</u></u>

Summary of Gross Earnings of the Colony for the Year.

Total value of products on the farm, in the garden, and in the dairy.....	\$39,623 90
Value of brick made.....	700 00
Value of soap made	1,290 00
Other industries, shops, etc.....	21,405 20
Reimbursements from counties for clothing fur- nished patients	21,864 71
Money received from individuals for care and treat- ment of patients.....	6,911 29
Miscellaneous sales other than sale of home products	468 68
Total	<u>\$92,263 98</u>

There are accounts due the Colony for the sale of home products, amounting to.....	<u>\$2,766 78</u>
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Summary.

Total personal property, October 1, 1912.....	\$182,390 61
1,895 acres of land, including buildings, electric light plant, water and sewerage systems, as per inventory, October 1, 1911.....	<u>925,730 39</u>

Total value of real and personal property, October 1, 1912	<u>\$1,108,121 00</u>
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Total personal property, October 1, 1911.....	\$189,462 98
Total personal property, October 1, 1912.....	<u>182,390 61</u>

Decrease in personal property during year...	<u>\$7,072 37</u>
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Total decrease in value of property over inventory of 1911	<u>\$7,072 37</u>
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All of which is respectfully submitted,

TRUMAN L. STONE,
Steward.

REPORT OF PROTESTANT CHAPLAIN.

SONYEA, N. Y., *October 1, 1912.*

DR. W. T. SHANAHAN, *Medical Superintendent:*

I herewith tender my third annual report for the fiscal year which ends at this time. There has been no change in the time or number of our church services, of which there are three each week—two on Sundays at 10 A. M. and 7 P. M. respectively, and one Wednesday evening at 7 P. M. These services are well attended, and the interest in every way is very encouraging.

Our Sunday school has increased in interest and numbers, until we are greatly in need of larger and better quarters for all the many classes. The teachers are all doing as good work as could be expected with the classes in such close proximity.

Three excellent programs have been rendered during the year by the younger members of the school, assisted by some of the employees' children. These exercises would do credit to any church.

Our choir, which is composed entirely of patients, is doing splendid work and adds very materially to our church services. It is truly remarkable how the patients enter into the congregational singing, and to hear three hundred of them pouring out their souls to God in song is most impressive.

We use every effort to make our services helpful and interesting. Special emphasis is placed on the practical side of the religious life, and it is encouraging to see the ready response on the part of great numbers of them.

Many of the employees and visiting friends have attended the services during the year, adding much to the interest of the same.

We have endeavored during the past year to be somewhat like the Master who "had great compassion on the multitudes," and "went about doing good." We long to be a greater blessing to those in the "bonds of affliction" during the coming year than in the past.

There are at this time 762 Protestant patients on the Colony, 429 male, and 333 female. There have died during the year 81 Protestant patients, 51 male and 30 female.

I cannot close this report without calling attention once more to the crying need of a suitable chapel in which to hold our services. For this scores of the patients and others have been praying for years, and many of them have begun to say, "How long, O Lord, how long." Our quarters are unsuitable in every way;

I. They are too small. It is with difficulty that 300 can be accommodated. Then when it is remembered that we have 762 Protestant patients here, and fully 500 of them are able and anxious to attend church, our dilemma is most apparent. I confess I hardly know what to do. Scores are appealing to me nearly every week to be allowed to attend the services regularly, but our seating capacity is now, and has been, taxed to its limit. I can only say to them that we hoped soon to have a larger building when we will see that they can all come to service as frequently as they like. I confess these appeals touch my heart and burden me sorely. Religion is the chief enjoyment of a great majority of these afflicted people, and as it is their "Star of hope in the Eastern sky" who could or would deny them of its fullest measure of blessing?

II. The environments are not at all congenial to or conducive of the spirit of devotion. The "House of the Elders" (where we hold our services) is used for dances, basket ball, and secular entertainments of all kinds. It is a very proper place for these things possibly, but not as a place for Divine worship along with these other things. It handicaps our efforts greatly, as it robs the service of much of its sacredness. Many of the patients frequently comment on this feature of our work, and some few refuse to attend at all because of these conditions.

While visiting recently the Industrial School at Industry, N. Y., I was shown the two beautiful chapels there — Catholic and Protestant. Would that the friends of humanity who made it possible for the erection of these beautiful chapels at Industry would look favorably upon these poor unfortunate people who are here because of no crime or blame of their own, and many of whom, in all probability, will end their earthly existence here.

We wish for all a kind providence and unlimited mercies.

Respectfully submitted,

(Signed)

J. R. JEFFREY,

Resident Protestant Chaplain.

REPORT OF CATHOLIC CHAPLAIN.

SONYEA, N. Y., *October 1, 1912.*

TO WM. T. SHANAHAN, M. D., *Superintendent Craig Colony:*

I hereby submit to you my second annual report as Catholic Chaplain of Craig Colony.

During the past year there were nearly six hundred Catholic patients at Craig Colony. For these patients the usual service of the Catholic Church were held on each Sunday and holy day of the year. The hours of the masses on Sundays were at 8:30 A. M. for the male patients and at 9:30 A. M. for the female patients. On Sunday evening at 7 P. M. a short service consisting of prayers and benediction of the Blessed Sacrament were also held. On holy days of obligation mass was held at an hour that would be convenient for all and not interfere with the order of the Colony. These services were all as well attended as was possible. The patients have at all times shown by their attendance, their deep appreciation of the advantages offered them.

There were forty-four deaths among the Catholic patients during the past year. Of this number twenty-six were taken to their homes for burial and eighteen were buried in the Colony cemetery. All of these were brought to the chapel and the prayers prescribed by the Catholic ritual were repeated, after which the Chaplain accompanied the body to the cemetery where the grave was blessed. During part of the year it has been possible to have a requiem mass for those buried here. This practice will be continued in the future whenever it is possible to bring the body to the chapel in the early part of the day. The last Sacraments of the Church were administered to fifty-five. Nine dying suddenly were not attended. Two thousand two hundred and twenty-five approached the Sacraments of Penance and the Holy Eucharist in the chapel during the past year. Seven received Holy Communion for the first time.

We have much to be grateful for in the matter of singing at the services. A male choir composed of patients together with the girls choir has enabled us to have singing at both masses on Sunday and to have more solemn services several times during the year.

There are at the present time two hundred and twenty-six volumes in the chapel library for the female patients. This library has been much more popular than we anticipated. We wish to extend our sincere thanks to those who have been generous to us in this regard and to announce that the demand for books by the patients is greater at the present time than the supply.

We are very grateful for the redecorating of the chapel. It has added much to its beauty and attractiveness.

Acknowledgment is hereby made of the many acts of courtesy received from the officers and employees.

Respectfully submitted,

W. B. McCARTHY,
Resident Catholic Chaplain.

REPORT OF MATRON.

SONYEA, N. Y., *October 1, 1912.*

DR. WM. T. SHANAHAN, *Medical Superintendent:*

I have the honor of submitting the matron's report for the year ending September 30, 1912.

The cooks who have not taken a previous course are being given twenty-four lessons in practical cooking.

Following is a list of the work done in the mattress shop:

Made over mattresses.....	1,083
New hair mattresses.....	156
New fibre mattresses.....	21

Total	1,260
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Pillows renovated	148
Pillows, new hair, large.....	42
Pillows, new hair, small.....	36

Total	226
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Work done in the sewing room:

Aprons, large	537
Aprons, short	170
Aprons, men's	594
Aprons, white	14
Bags, mail	1
Bags, broom	276
Bags, laundry	2
Bags, tea and coffee	48
Bandages	4,886
Bandages, manytailed	27
Bandages, T	30

Bathing suits	15
Boys' suits	20
Caps, operating	36
Chiffonier covers	5
Coats	3
Coats repaired	2
Collars	8
Combination suits	10
Curtains, long, pairs	31
Curtains, sash	42
Drawers, pairs	826
Dresses, B. G.	683
Dresses, M. T.	408
Dresses, white	8
Dresses, babies	8
Dresses, repaired	38
Dresses, goods furnished by patients	5
Dresser covers	16
Dresser covers, hemstitched	4
Dusters	25
Elastics, pairs	400
Operating gowns	12
Holders	378
Jackets	5
Masks	43
Napkins — table	299
Napkins — sanitary	1,882
Night drawers, pairs	6
Night dresses	925
Night shirts	551
Pads	69
Pajamas	2
Pillow cases	1,763
Rompers	15
Sheets, unbleached	3,027
Sheets, bleached	361
Sheets, double	176
Shrouds	167

Silence cloth	1
Shades, rehemmed	141
Side board covers	5
Stand covers	30
Skirts, under	1,055
Skirts repaired	30
Spreads, hemmed	30
Spreads, tagged	125
Table cloths	338
Table covers	26
Towels, single	4,642
Towels, roller	87
Towels, glass	46
Tagging and marking	250
Tray cloths, hemstitched	3
Tray cloths	5
Underwaists	21
Valances, sets	12
Mended pieces	12,895
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Total	38,601
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Respectfully submitted,

IDA E. WRIGHT,

Matron.

Improvements Completed.

A new cement walk has been constructed from the Elms Cottage to the Village Green Group and from Hoyt Cottage to the Pond Cottage and from the Aster Cottage to the Eglantine Cottage. Cement walks have been placed about various employee's cottages.

The new conduit for heating pipes has been constructed from the Letchworth House to the House of Elders and Tall Chief Cottages.

The macadam road in the Letchworth Group has been resurfaced and gutters relaid. A new basement entrance to the large bathroom has been constructed at the east end of the Willow Cottage and an area way in the rear of the Walnut Cottage has been enlarged and reconstructed.

Porches have been built on eight of the employees' cottages.

The roadway from the old highway bridge to a point east of the laundry has been graded and macadamized. The walk to the south of this roadway has been raised to the level of the road bed. Next year it is hoped that when this ground is sufficiently settled to build a cement walk from the end of the cement walk east of the laundry to the east side of the old highway bridge.

Fire risers and hose reels have been placed in the following buildings: Villa Flora, Aster, Bluet, Eglantine, Gentian, Primrose, Saxifrage, Mallow, Jasmine, Kalmia, Lobelia, Schuyler Infirmary, Loomis Infirmary, Chestnut, Service building, laundry, store, trades school and tailor shop.

A considerable amount of grading was done last fall in the Village Green and Villa Flora Groups and more is being done this fall in the Villa Flora Group.

Many of the buildings at the Colony had the interior painted during the winter. This work is to be continued during the coming winter.

Additional guards are being placed over some of the radiators, steam pipes, etc., in various buildings. The new sick ward was arranged at the Schuyler Infirmary, thus making it much more

convenient to care for this class of patients who reside in that building.

A considerable amount of laundry machinery and soap making machinery has been ordered and is about to be placed.

During the past year the following named cottages have been replastered: Primrose, Saxifrage, Eglantine, Gentian, Beech and Birch. During the next few months it is expected that the Aster, Bluet, and Villa Flora Administration Building will also be replastered, thus completing the replastering of all buildings at the Colony of comparatively recent construction which needed such repair.

A new electric coffee mill is being installed in the store.

It is to be hoped that the present arrangement of keeping up repairs with money from the general maintenance fund will be continued. The Colony suffered for many years from lack of appropriations to carry on these repairs and was forced to bear with much adverse criticism for things for which it was not responsible.

I would again suggest that if the white finish is to be continued on so many brick buildings at the Colony, that serious consideration be given at once to the removal of the whitewash from the exterior walls and the applying in its place of a good quality white stucco. Whereas, whitewash, oil paint and water paint must be renewed frequently to give a proper appearance to the structures, a stucco made of proper proportions of good cement and sand and well applied should last as long as the building itself.

The appearance of the exterior of many of these structures at present is such that early attention should be given this question.

Amusements.

The usual celebration of the Christmas holiday with trees and the distribution of gifts was held.

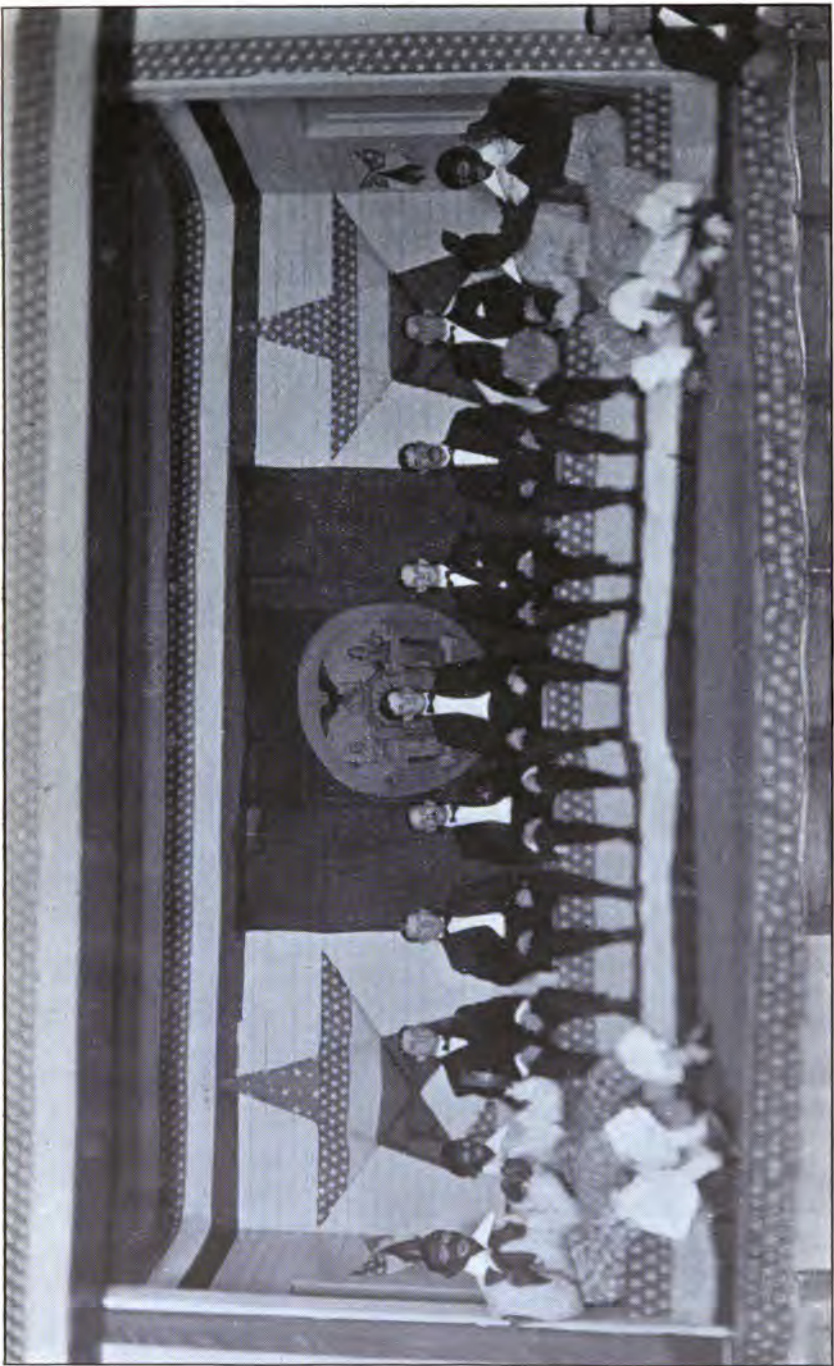
On Thanksgiving day a turkey dinner was served to all patients and employees.

Early in the summer a large number of male and female patients attended a circus performance in Mount Morris.

The regular Fourth of July Field Day was held. Owing to the fine weather we were able to have nearly all of our patients attend.



Flag raising July 4th, 1912. Music by patient's band.



Minstrel performance by male patients.



Colonists' Orchestra. All except bandmaster are patients.



Patients assembled on July 4th, 1912, to watch day fire works.



Male patients led by the Craig Colony Band, assembling for parade July 4th, 1912.



School boys' picnic.



Female patients starting for annual excursion to Portageville. There is a similar excursion for males.



*Corn roast for female patients. Only a part of the number present is shown in the photograph.

Through the courtesy of Mr. Beale, Superintendent of the Buffalo & Allegany Division of the Pennsylvania Railroad, it was possible to send two parties of patients to Letchworth Park at Portage. On September 12th, ninety female patients and on September 19th, ninety-five male patients.

During the summer base ball games were played twice each week and a band concert given on each Thursday evening.

A resident band master has been employed during the past year and we now have in addition to the employees' band a patients' band and a patients' orchestra. We trust during the coming winter to be able to give several concerts.

It is a great shame that the Colony has not long before this been granted an appropriation for a large general assembly hall. The present old building accommodating but 300 is entirely inadequate, when one considers that our present resident population exceeds 1,700.

Several picnics on our own grounds were given during the year, among them one for the school boys, for the patients working in the sewing room and for some of the other patients in the Women's Group.

The Colonists' Club, which is made up of male patients, held their annual smoker in February.

The male patients also gave two performances of a minstrel entertainment and from time to time entertainers were employed from outside.

Visitors.

Among those visiting the Colony during the year were the following: Hon. Wm. R. Stewart, President of the State Board of Charities; Hon. Wm. Gratwick and the Hon. Simon Rosendale, members of the State Board of Charities; Dr. S. H. Parker, East Orange, N. J.; Mr. Wm. J. Barber, Mr. J. R. Robbins, Mr. Wm. P. Kelly, Mr. Carl Foster, Dr. Wm. L. Higgins, members of the Board of Managers of the Connecticut Colony for Epileptics; Dr. D. L. Ross, Superintendent of the Connecticut Colony for Epileptics; Dr. Pietrowwitz, Chicago, Ill.; Mr. Hamilton DeGraw, Watervliet, N. Y.

Donations.*Books, Papers, Magazines, Etc.*

Alice E. Bowen.....	Hornell, N. Y.
Publishers	N. Y. Daily American
Publishers	N. Y. Daily Times
Mrs. D. D. Melville.....	Rochester, N. Y.
Mrs. Chas. F. Braman.....	Mt. Morris, N. Y.

Pipes and Tobacco.

Mr. John F. Donovan.....	Mt. Morris, N. Y.
Mr. H. R. Porter.....	Sonyea, N. Y.

Christmas Cards and Gifts.

Miss Julia Pratt Smith.....	New York City
Mrs. A. A. Whitman.....	Yonkers, N. Y.

Apples.

Mr. A. Harris.....	_____
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Money.

Mr. Charles L. Adrian.....	New York
Mrs. B. F. Andrews.....	Sonyea, N. Y.
Miss Ida E. Wright.....	Sonyea, N. Y.

In conclusion, I wish to express to all connected with the Colony my sincere appreciation of their assistance given in the carrying on of the work of the year just closed.

Respectfully submitted,

WM. T. SHANAHAN,
Medical Superintendent.

